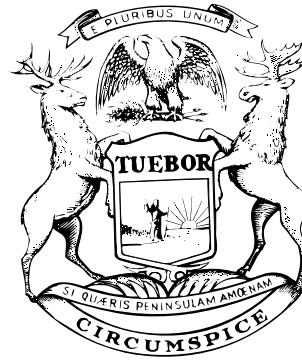


Property and Casualty Insurers
Title Insurers
United States Branches of Non-US Insurers



Forms & Instructions

for required filings
in Michigan

Michigan Department of
Consumer & Industry
Services



*Serving Michigan...
Serving You*

FIS-PUB 0090 (11/03)

Department of Consumer & Industry Services
Office of Financial and Insurance Services
Office of Financial Evaluation

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**STATE OF MICHIGAN
DEPARTMENT OF CONSUMER AND INDUSTRY SERVICES
OFFICE OF FINANCIAL AND INSURANCE SERVICES**

Before the Commissioner of Financial and Insurance Services

**In the matter of financial statements,
accounting practices and procedures
and valuation of securities as of
December 31, 2003**

Order No. 03-078-M

**Issued and entered
this 3rd day of December, 2003
by Linda A. Watters
Commissioner**

ORDER PRESCRIBING FORMS, CONTENTS, AND INSTRUCTIONS

I BACKGROUND

Pursuant to Section 438 of the Michigan Insurance Code of 1956, as amended (the Code), MCLA 500.438, MSA 24.1438, and the Administrative Procedures Act of 1969, as amended, MCLA 24.201 *et. seq.*, the Commissioner prescribes the format and content of statements that are suitable and adaptable to each kind of insurer authorized or eligible to transact business in Michigan. A statement filed by the insurer shall be prepared in accordance with instruction provided by, and accounting practices and procedures designated by, the Commissioner.

The National Association of Insurance Commissioners (NAIC) has established instructions and accounting guidance for the completion of the 2003 annual and the 2004 quarterly statements and forms. These instructions pertain to Property and Casualty companies (including surplus lines companies), Title companies, and United States Branches of Non-U.S. Insurers. The accounting guidance is located in the NAIC Accounting Practices and Procedures manual. The manual is continually updated and requires insurers to fully disclose and quantify any deviations from the practices and procedures adopted in the manual. By completing the financial statements and forms in accordance with the instructions and accounting guidance, these entities will submit useful and necessary regulatory information to the Commissioner. These entities shall follow the 2003 NAIC Annual Statement Instructions and NAIC Accounting Practices and Procedures manual to the extent that the accounting practices, procedures, and reporting standards are not modified by the Michigan Insurance Code, or the 2003 *Forms and Instructions for Required Filings in Michigan*.

II FINDINGS OF FACT AND CONCLUSIONS OF LAW

Based on the foregoing considerations, the Commissioner FINDS and CONCLUDES that:

1. The 2003 NAIC annual statement blank, the 2004 quarterly statement blanks, the 2003 NAIC Annual Statement Instructions, the NAIC Accounting Practices and Procedures Manual, including appendices A – F and excluding Actuarial Guideline XXXV in Appendix C, and the 2003 *Forms and*

Instructions for Required Filings in Michigan establish appropriate forms with instructions for filing statements of financial condition for all insurers that are authorized or eligible to transact business in Michigan.

2. The Michigan Office of Financial and Insurance Services (OFIS) waives the filing of printed quarterly statements, annual statements and supplements for foreign insurers in Michigan. OFIS will rely on filings made with the NAIC as meeting the statutory requirement to file financial statements in Michigan. Michigan domestic companies must ensure that all filings with the NAIC are proper and timely. Failure to properly submit filings with the NAIC will subject companies to penalties as outlined below.
3. The Purposes and Procedures Manual of the NAIC Securities Valuation Office establishes appropriate instructions for filing, reporting and valuing securities reported in financial statements for all insurers that are authorized or eligible to transact business in Michigan. The NAIC Financial Condition (E) Committee establishes instruction for valuing other invested assets.
4. Submission of this information in no way limits the Commissioner from requesting further information regarding the financial condition of a regulated entity. The Commissioner may address inquiries to any regulated entity concerning the conduct of its business or its financial condition; any regulated entity so addressed shall promptly reply in writing to the Commissioner's inquiries.
5. Failure to comply with all filing instructions and requirements will result in rejection of the materials submitted as not constituting an annual statement filing for the purposes of the Code and will subject the filing entity to a civil penalty of not less than \$1,000 or more than \$5,000 and an additional \$50 for each day that such insurer fails to file its information in accordance with Section 438(5) of the Code, MCLA 500.438(5); MSA 24.1438(5).

III ORDER

Therefore, it is ORDERED that:

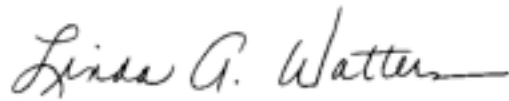
1. The 2003 NAIC annual statement blank, the 2004 quarterly statement blanks, the 2003 NAIC Annual Statement Instructions, the NAIC Accounting Practices and Procedures Manual, including appendices A – F and excluding Actuarial Guideline XXXV in Appendix C, and the 2003 *Forms and Instructions for Required Filings in Michigan* are hereby adopted. All insurers shall file the NAIC annual and quarterly statements and shall follow the 2003 NAIC Annual Statement Instructions and the accounting practices, procedures, and reporting standards promulgated by the NAIC, to the extent that the accounting practices, procedures, and reporting standards are not modified by the Michigan Insurance Code, or the 2003 *Forms and Instructions for Required Filings in Michigan*. This shall include, but not be limited to, the Risk-Based Capital (RBC) calculations and reporting requirements as detailed in the RBC instructions adopted by the NAIC. If a company has been granted a permitted practice or where the 2003 *Forms and Instructions for Required Filings in Michigan* (prescribed practice) deviates from the NAIC Accounting Practices and Procedures Manual, companies are required to make the appropriate disclosure in the Notes to the Financial Statements in accordance with the guidance found in the NAIC Accounting Practices and Procedures Manual. Any and all supplemental schedules, exhibits and/or miscellaneous forms which request specific information not included in the "Association Edition" are part of the annual statement filing within the meaning of Section 438 of the Code.
2. A copy of the 2003 *Forms and Instructions for Required Filings in Michigan* shall be posted on the web site of the Office of Financial and Insurance Services and sent to any insurer authorized or eligible to transact business in Michigan that specifically requests a hard copy.
3. For purposes of valuation of securities and other investments pursuant to Sections 841 and 842

of the Code, MCLA 500.841 and 500.842; MSA 24.1841 and 24.1842, securities owned by insurers shall be valued in accordance with those standards promulgated by the NAIC Securities Valuation Office (SVO).

Other invested assets should be valued in accordance with the procedures promulgated by the NAIC Financial Condition (E) Committee.

The Commissioner specifically retains jurisdiction of the matters contained herein and the authority to issue such further order or orders as she shall deem just, necessary, and appropriate.

This Order supersedes Order 02-054-M.

A handwritten signature in dark ink, reading "Linda A. Watters" with a stylized flourish at the end.

Linda A. Watters
Commissioner

SIGNIFICANT CHANGES AND REMINDERS FOR THE 2003 FORMS & INSTRUCTIONS

Please review the following for a summary of some of the significant changes and reminders for the 2003 *Forms and Instructions for Required Filings in Michigan*.

1. With many states now accepting and using the electronic financial statements filings, it is even more important that all insurers file, in a timely manner, any amendments to the financial statements with the NAIC. Companies will be subject to fines if amendments are not properly filed electronically with the NAIC. Domestic insurers are also reminded that hard copy amendments filed with OFIS must contain original signatures or they will not be accepted.
2. Enactment of Public Act No. 462 effective June 21, 2002, resulted in changes to Section 901 of the Michigan Insurance Code. Only domestic insurers are now subject to the provisions of Section 901, and must complete the "Qualifying Assets Under Section 901" forms. Foreign insurers are no longer required to file qualifying asset forms.
3. The "Qualifying Assets Under Section 901" forms, and other forms filed with OFIS now require bar codes. See the Notes to the Checklists, Note K, for instructions.
4. In addition to a letter of notification as required by Section 250 of the Michigan Insurance Code, all domestic insurers must file officer and director biographical information for all new officers and directors reported on the jurat page. See the accompanying checklists for State Required Filings. OFIS has adopted the NAIC Biographical Affidavit, which can be found on the NAIC's web site at <http://www.naic.org/ucaa/forms/forms.htm>, for the reporting of officer and director biographical information.
5. The Supplemental Compensation Exhibit is an NAIC supplement that is a required filing for domestic companies. Companies are required to properly complete and file the Supplemental Compensation Exhibit.
6. Insurers should carefully check the mailing addresses for each form because they are required to be sent to multiple locations. If forms are mailed to the incorrect address, insurers may be required to re-file the forms and be subject to late filing fines. **See Appendix III for the Supplemental Checklist on Where to Send Forms Included in These Instructions.**
7. Only domestic property and casualty insurers are required to file combined or consolidated annual statements with OFIS.

GENERAL INFORMATION AND INSTRUCTIONS

ATTENTION TO ALL INSURERS

PLEASE SEE THAT THIS NOTICE IS GIVEN TO THE INDIVIDUAL RESPONSIBLE FOR COMPLETING THE ANNUAL STATEMENT.

Information in this booklet is also available on the Internet at <http://www.michigan.gov/ofis/>.

This document contains Annual and Quarterly Statement filing instructions and supplemental forms for all insurers authorized or eligible to transact business within the State of Michigan. Please read these instructions as well as the Checklist Instructions BEFORE submitting a filing.

Also review the Annual Statement Instructions prepared by the NAIC in order to familiarize yourself with any changes or new reporting requirements. For most companies the NAIC instructions are produced in a loose-leaf binder, with update services offered annually, and are available only through the NAIC office. Please contact the NAIC Insurance Products and Services Division at (816) 783-8300 to order instructions. Questions should be directed to the NAIC at (816) 842-3600. Both may be contacted at NAIC, 2301 McGee Street, Suite 800, Kansas City, Missouri, 64108-2604.

Insurers are to follow the practices, procedures, and instructions promulgated by the NAIC except as superseded by Michigan laws and rules, orders of the Commissioner and the instructions in this booklet.

Annual and Quarterly Financial Statements

1. Unless otherwise directed, all companies are required to file both hard copy and electronic (diskette or internet) annual and quarterly statements with the NAIC. Detailed information and instructions for filing the 2003 annual and the 2004 quarterly statements are available from the NAIC's web site at <http://www.naic.org/fast/>. Use the following address when submitting annual statements to the NAIC:

Financial Systems & Services
NAIC Financial Database
2301 McGee Street, Suite 800
Kansas City, Missouri 64108-2604

2. The annual statement must be **fully bound**, not stapled, along the left-side margin in the appropriate colored cover. Unbound or stapled statements will be rejected and late filing fines will accumulate until a bound copy is received.
3. All companies are to follow the NAIC instructions for print and statement size requirements for the filing of the 2003 annual statement. Any filing considered unreadable will result in rejection of the material submitted as not constituting an annual statement filing and will subject the filing entity to civil penalties as described in Section 438(5) of the Michigan Insurance Code.
4. Upon request, insurance companies subject to SEC filing requirements and every insurer which is a member of a group that is subject to SEC filing requirements must file its current 10K and 10Q with OFIS within 15 days of the request.

Due Dates

All financial statements, supplemental schedules, exhibits and forms should be filed to allow for receipt of the documents no later than the due date set forth in the accompanying checklist(s). If the due date falls on a weekend or holiday, the next business day will be the due date.

Electronic Filing

Insurers must file electronically with the NAIC. Insurers should **not** file annual and quarterly diskettes with OFIS. Companies are encouraged to file their annual and quarterly statements with the NAIC through the Internet. Internet filing will eliminate the need to file on diskette with the NAIC. In order to file on the Internet you must register with the NAIC. You may register on-line at the NAIC Web site at www.naic.org or call the NAIC Financial Systems and Services Division at (816) 783-8600 for additional information.

Toll Free Telephone Number

Companies may contact OFIS toll-free at (877) 999-6442. If an insurer has a toll-free telephone number please provide it on page 1 of the annual and quarterly statements.

Lloyd's of London

Lloyd's of London is now recognized as a trustee reinsurer in Michigan for reinsurance agreements having an inception date on or after August 1, 1995. For reinsurance business under agreements with an inception date on or before July 31, 1995, Lloyds of London is considered unauthorized. All insurers are to follow the NAIC Annual Statement Instructions regarding the reporting for Lloyd's of London when preparing the annual statement.

Unauthorized Reinsurance Balances

Reinsurance balances reported for each unauthorized reinsurer as reported on Schedule F, may be reduced to the extent that each balance is secured pursuant to Sections 1103 and 1105 of the Michigan Insurance Code (i.e., LOC's, funds held or trustee assets). Ceded balances payable and miscellaneous balances are **not** proper offsets.

Change of Control

Section 405 of the Michigan Insurance Code (MCL 500.405) automatically revokes the certificate of authority of an authorized foreign insurer 90 days after a change of control of the insurer unless the insurer requalifies for its certificate of authority. All insurers that undergo a change of control are required to file a Request for Determination of Exemption from Requalification under Section 405(1) (Form FIS 0144) which is available on the OFIS website. Additional information regarding requalifications is available by contacting OFIS.

Credit Accident and Health Reserves

Reserves for credit accident and health insurance shall be adequate to discharge all liabilities, but shall not be less than the minimum standards. The minimum reserve basis for active lives on credit accident and health insurance is the amount of the premium refund available to the insured

Risk-Based Capital (RBC) Report – Exemption

In accordance with Michigan Bulletin 98-2, the Commissioner may exempt from the application of the RBC requirements any domestic property and casualty insurer that writes direct business only in Michigan, writes direct annual premiums of \$2,000,000 or less, and that assumes no reinsurance in excess of five percent of direct premium written. The company must specifically request this exemption, with the request received by December 1. The request for exemption must be submitted for each calendar year.

Health Statement Test

For the 2003 Annual Statement, insurers are required to complete the General Interrogatory related to the Health Statement Test. The Health Statement Test is designed to determine whether a reporting entity reports predominantly health lines of business. Passing the Health Statement Test requires a reporting entity to complete the Health Statement beginning with the first quarter of 2005, unless the domestic regulator requires the reporting entity to complete an annual statement and risk based capital report that differs from the annual statement instructions. For property and casualty companies passing the Health Statement Test, OFIS has not made the decision to require such companies to convert to the Health Statement at this time.

U.S. SURPLUS LINES INSURERS

All U.S. Surplus Lines insurers shall follow the filing requirements for foreign insurers as noted in the Property and Casualty Insurer's Checklist.

ALIEN SURPLUS LINES INSURERS (excluding Lloyd's of London)

No later than July 31, approved alien surplus lines insurers are required to file the following (in English and U.S. dollars):

- Standard Final International Insurers Division (IID) Financial Reporting Format (Certified copy)
- Audited Financial Statement or Annual Report (Certified copy)
- Actuarial Opinion
- Certified Trust Statement on behalf of U.S. Policyholders
- Name, address and phone number of contact person

If the insurer maintains a trust fund for the benefit of ceding insurers domiciled in the United States, the insurer should also file a copy of the NAIC Annual Statement supporting the U.S. Reinsurance Trust, including an Actuarial Opinion, Independent Auditors Report, and Certified Trust Statement indicating the market value of the U.S. Reinsurance Trust.

ACCREDITED REINSURERS

In order for OFIS to monitor continued compliance with accredited reinsurer requirements, such accredited reinsurers shall file annual statements, quarterly statements, and audited financial statements in accordance with the filing instructions for foreign insurers. Such filings are due in accordance with the due dates set forth in the accompanying checklist(s).

THE OFFICE OF FINANCIAL EVALUATION STRIVES TO MAKE THIS DOCUMENT ACCURATE AND UNDERSTANDABLE. PLEASE LET US KNOW OF ANY ERRORS OR SUGGESTIONS FOR IMPROVEMENT.

GENERAL INSTRUCTIONS

For Companies to Use Checklist

Please Note: This state's instructions for companies to file with the NAIC are included in this Checklist. The NAIC will send mailing labels and other information to all companies but will not be sending their own checklist.

Electronic filing is intended to include filing via the Internet or filing via diskette with the NAIC. Companies that file with the NAIC via the Internet are not required to submit diskettes to the NAIC. Companies are encouraged to file with the NAIC via the Internet.

Column (1) (Checklist)

Companies may use the checklist to submit to a state, if the state requests it. Companies should copy the checklist and place an "x" in this column when mailing information to the state.

Column (2) (Line #)

Line # refers to a standard filing number used for easy reference. This line number may change from year to year.

Column (3) (Required Filings)

Name of item or form to be filed.

PLEASE NOTE: The ***Annual Statement Electronic Filing*** includes the annual statement data and all supplements due March 1, per the *Annual Statement Instructions*. This includes all detail investments schedules and other supplements for which printed detail is exempted per the *Annual Statement Instructions*.

The ***March .PDF Filing*** is the .pdf file for annual statement data, detail for investment schedules, and supplements due March 1.

The ***Risk-Based Capital Electronic Filing*** includes all risk-based capital data.

The ***Separate Accounts Electronic Filing*** includes the separate accounts annual statement and investment schedule detail.

The ***Separate Accounts .PDF Filing*** is the .pdf file for the separate accounts annual statement and all investment schedule detail.

The ***Supplemental Electronic Filing*** includes all supplements due April 1, per the *Annual Statement Instructions*.

The ***Supplemental .PDF Filing*** is the .pdf file for all supplemental schedules and exhibits due April 1.

The ***Combined Annual Statement Electronic Filing*** includes the required pages of the combined annual statement and the combined Insurance Expense Exhibit.

The ***Combined Annual Statement .PDF Filing*** is the .pdf file for the combined annual statement data and the combined Insurance Expense Exhibit.

The ***Quarterly Electronic Filing*** includes the quarterly statement data.

The ***Quarterly .PDF Filing*** is the .pdf file for the quarterly statement data.

The ***June .PDF Filing*** is the .pdf file for the Audited Financial Statements.

Column (4) (Number of Copies)

Indicates the number of copies that each foreign or domestic company is required to file for each type of form. The 1999 *Annual Statement Instructions* were modified to waive paper filings of certain NAIC supplements (those supplements previously included in the Electronic Filing Pilot Project) and certain investment schedule detail, if such investment schedule data is available to the states via the NAIC database. The checklists have been modified to reflect this action taken by the Blanks (E) Task Force. XXX appears in the "Number of Copies" "Foreign" column for the appropriate schedules and exhibits. Some states have chosen to waive printed quarterly and annual statements from their foreign insurers and to rely upon the NAIC database for these filings. This waiver could include supplemental annual statement filings. The XXX in this column might signify that the state has waived the paper filing of the annual statement and all supplements.

Column (5) (Due Date)

Indicates the date on which the company must file the form.

Column (6) (Form Source)

This column contains one of three words: "NAIC," "State," or "Company." If this column contains "NAIC," the company must obtain the forms from the appropriate vendor. If this column contains "State," the state will provide the forms with the filing instructions (generally on its web site). If this column contains "Company," the company, or its representative (e.g., its CPA firm), is expected to provide the form based upon the appropriate state instructions or the NAIC *Annual Statement Instructions*.

Column (7) (Applicable Notes)

This column contains references to the Notes to the Instructions that apply to each item listed on the checklist. The company should carefully read these notes before submitting a filing.

	Notes and Instructions	(A-K apply to all filings)
A	Required Filings Contact Person:	Unless otherwise directed, all communications and inquiries regarding annual statements, quarterly statements, and Michigan supplemental forms should be directed to OFIS – Office of Financial Evaluation at (517) 241-4490.
B	Mailing Address:	<p>Note: In meeting statutory filing requirements for individual state forms, please make note of the address on each individual form where the insurer must send the form.</p> <p>Use the following addresses for Domestic Insurers' hard copy filings, and Foreign Insurers' applicable filings as noted in the checklists, except Forms FIS 0118, 0318, 0322.</p> <p>Regular Mail: Michigan Department of Consumer and Industry Services Office of Financial and Insurance Services Office of Financial Evaluation Attention: Supervisory Affairs and Insurance Monitoring Division P.O. Box 30220 Lansing, Michigan 48909-7720</p> <p>Express Mail (UPS, Federal Express, etc.): Michigan Department of Consumer and Industry Services Office of Financial and Insurance Services Office of Financial Evaluation Attention: Supervisory Affairs and Insurance Monitoring Division Ottawa Building – 3rd Floor</p>

		<p>611 West Ottawa Street Lansing, Michigan 48933</p> <p>Use the following addresses for Foreign Insurers filing Forms FIS 0118, 0318, 0322. Direct the form to the appropriate division as noted on the form.</p> <p>Regular Mail: Michigan Department of Consumer and Industry Services Office of Financial and Insurance Services Office of Policy, Conduct and Consumer Assistance P.O. Box 30220 Lansing, Michigan 48909-7720</p> <p>Express Mail (UPS, Federal Express, etc.): Michigan Department of Consumer and Industry Services Office of Financial and Insurance Services Office of Policy, Conduct and Consumer Assistance Ottawa Building – 3rd Floor 611 West Ottawa Street Lansing, Michigan 48933</p>
C	Mailing Address for Filing Fees:	Filing fees are billed under a separate invoice.
D	Mailing Address for Premium Taxes:	<p>Regular Mail: Michigan Department of Treasury P.O. Box 30059 Lansing, Michigan 48909</p> <p>Express Mail: Michigan Department of Treasury 430 W. Allegan Street Lansing, Michigan 48922</p> <p><u>DO NOT SEND MICHIGAN SINGLE BUSINESS TAX RETURNS WITH ANNUAL OR QUARTERLY FILINGS</u></p>
E	Delivery Instructions:	All filings must be <u>physically received</u> at one of the addresses in Note B no later than the indicated due date. If the due date falls on a weekend or holiday, then the deadline is extended to the next business day.
F	Late Filings:	Failure to file in accordance with the instructions contained herein and by the indicated due date will immediately subject the company to a monetary penalty of at least \$1,000 (maximum of \$5,000) <u>and</u> \$50 per day for each day the filing remains incomplete, pursuant to section 438(5) of the Michigan Insurance Code.
G	Original Signatures:	The annual and quarterly statements of <u>Michigan domestic insurers</u> must contain original signatures.
H	Signatures / Notarization / Certification:	The annual and quarterly statements of Michigan domestic insurers must contain signatures of at least three responsible officers such as the CEO, CFO, president, secretary or treasurer (unless otherwise directed by the Commissioner) and be properly notarized. If those parties are not available to sign the statement, contact OFIS at least ten (10) business days prior to the statement due date to ascertain whether other arrangements are necessary.
I	Amended Filings:	<p>Amended items must be filed within <u>10 days</u> of their amendment, along with an explanation of the amendments. If there are signature requirements for the original filing, the same requirements must be followed for any amendment.</p> <p>In accordance with NAIC Annual Statement Instructions, if</p>

		a filing is amended, the amendment must also be filed with the NAIC, including an amended electronic version.										
J	Exceptions from Normal Filings:	Foreign companies must supply a written copy of any exemption or extension received by its state of domicile at least 10 days prior to the filing due date to receive such exemption or extension from Michigan. Domestic companies should apply at least 30 days prior to the due date.										
K	Bar Codes:	<p>Forms as identified in the NAIC Annual Statement Filing Instructions are required to have a bar code affixed in the upper right hand corner of the form. Bar code standards can be found in the NAIC instructions.</p> <p>Bar codes for Michigan filings should be generated according to NAIC instructions. The codes are:</p> <table><tr><td><u>Form</u></td><td><u>Document Identifier</u></td></tr><tr><td>Qualifying Assets Under Section 901(1).....</td><td>002</td></tr><tr><td>Municipal/Liquor Liability Report of Premiums and Losses for Michigan (FIS 0118).....</td><td>118</td></tr><tr><td>Complaint and Grievance Summary For Health Carriers (FIS 0318).....</td><td>318</td></tr><tr><td>Michigan Health Insurance Enrollment, Premiums and Losses (FIS 0322).....</td><td>322</td></tr></table> <p>FILINGS MAY BE REJECTED DUE TO BAR CODE ERRORS. PLEASE VERIFY FOR ACCURACY.</p>	<u>Form</u>	<u>Document Identifier</u>	Qualifying Assets Under Section 901(1).....	002	Municipal/Liquor Liability Report of Premiums and Losses for Michigan (FIS 0118).....	118	Complaint and Grievance Summary For Health Carriers (FIS 0318).....	318	Michigan Health Insurance Enrollment, Premiums and Losses (FIS 0322).....	322
<u>Form</u>	<u>Document Identifier</u>											
Qualifying Assets Under Section 901(1).....	002											
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Complaint and Grievance Summary For Health Carriers (FIS 0318).....	318											
Michigan Health Insurance Enrollment, Premiums and Losses (FIS 0322).....	322											
L	Affidavit of Filing	This state waives foreign insurers from filing printed annual and quarterly statements and supplements. The Affidavit of Filing is not required.										
M	NONE Filings:	See NAIC Annual Statement Instructions. Exceptions to these instructions are noted on the form.										
N	Filings Discontinued since Last Year:	None.										
O	SVO Compliance Certification:	An SVO compliance certification must be submitted by each insurer with the annual statement and each quarterly statement, as indicated in the NAIC Annual Statement Instructions. Foreign insurers need to submit this certification only to the NAIC.										
P	Audited Financial Statements:	<p>The independent audit required by Chapter 10 of the Michigan Insurance Code shall be conducted in accordance with Generally Accepted Auditing Standards (GAAS). The audited financial statements shall be on a Statutory Accounting Principles (SAP) basis except where the Commissioner specifies a different basis for a specific company.</p> <p>The audited financial statements of domestic insurers must include a copy of the independent public accountant's qualifications letter to the insurer stating the independent public accountant's understanding that the Commissioner will be relying on the audited statements. The accountant's qualifications letter is required under Section 500.1019 of the Michigan Insurance Code.</p> <p>Independent CPA – Companies shall follow the provisions of Section 500.1009 of the Michigan Insurance Code regarding the appointment or change in independent CPA. In conjunction with the appointment or change in independent CPA, companies shall file the letter of awareness as required in Section 500.1009(2).</p>										

		<p>Foreign and approved surplus lines insurers are not required to file copies of the above letters unless requested. If a foreign or approved surplus lines insurer does not file the letters when requested, the filing (audited financial statement) will be rejected and the insurer will be subject to the penalties for failure to file and/or making an incomplete filing.</p> <p>An insurer may make written application to the Commissioner for approval to file a consolidated or combined independent audit in lieu of separate audited financial statements. Section 1011 of the Michigan Insurance Code and the NAIC Annual Statement Instructions describe the conditions under which an insurer may request approval to file audited consolidated or combined financial statements.</p>
Q	Notification of Adverse Financial Condition:	See Michigan Insurance Law 500.1015.
R	Report on Significant Deficiencies in Internal Controls:	See Michigan Insurance Law 500.1017. Note that a written statement must be filed even if no significant deficiencies in internal controls are noted.
S	Request for Exemption:	See Michigan Insurance Law 500.1023.
T	Holding Company Registration:	<p>INSURANCE HOLDING COMPANY ACT FORMS AND INSTRUCTIONS CAN BE FOUND ON THE OFIS WEB SITE AT www.michigan.gov/ofis/</p> <p>All domestic insurers who are a member of a holding company system and all other insurers subject to registration under Michigan's Holding Company Act must file holding company registration statements, including exhibits, by May 1, 2004. Only a few foreign insurers are subject to registration under Michigan's Holding Company Act. Unless OFIS has notified a foreign insurer that it must file a Form B in Michigan, no filing is required.</p> <p>For insurers subject to registration under Section 1324:</p> <ul style="list-style-type: none"> a) Annual Form B and C registration statements must be filed by May 1. b) The Form B and C statements are to be in accordance with Michigan's Holding Company Act, rules, bulletins and orders. c) If there has been no change from the previous year, the statement must be restated rather than indicating "no change." d) Audited financial statements of the registrant's ultimate controlling business entity (e.g., a corporation, trust, or partnership) must be included in the filing. If audited statements are not available by May 1, the rest of the Form B must be filed by May 1, and the statements filed by June 1. e) If a person or persons ultimately controlling the insurer is an individual or group of individuals that do not meet the exemption criteria of Section 1325(3), that person must file, under oath (on the format provided in the Commissioner's Order #94-293M of September 12, 1994) information disclosing the financial position of that individual or group of individuals. f) If an individual is the ultimate controlling person of an

		<p>insurer, the Form B holding company registration statement is to be signed and certified by that individual.</p> <p>g) The Michigan holding company act provides for substantial penalties for late or incomplete filings. Late or incomplete submissions are also subject to penalties under Section 438(5).</p> <p>h) If during the year there are any material changes to information filed in the annual registration statement, an amendment is due no later than 15 days after the end of the month in which the change occurred.</p>
U	Michigan Section 901, Qualifying Assets Forms – Domestic Insurers Only (FIS 0076):	Instructions to these forms are located just before the forms in the appendix. A listing of 'Companies for which Reinsurance Credits are Allowed in Michigan' (see Appendix IV) follows the instructions in Appendix I. Read Section 1105 of the Michigan Insurance Code and use the list of 'Companies for which Reinsurance Credits are Allowed in Michigan' when completing reinsurance schedules for annual statements and for qualifying assets forms.
V	Combined or Consolidated Annual Statement – Domestic Insurers Only :	Combined or Consolidated Annual Statements are required from each group of affiliated property and casualty insurers. Instructions are included in the supplemental section of the NAIC Annual Statement Instructions.
W	Officer and Director Biographical Information	In addition to the Section 250 letter of notification, all domestic insurers must file officer and director biographical information for all new officers and directors reported on the jurat page. The form for reporting officer and director information can be found on the NAIC's web site at http://www.naic.org/ucaa/forms/forms.htm .

PROPERTY & CASUALTY INSURERS

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: MICHIGAN Filings Made During the Year 2004

(1) Check- list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE* *	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
		I. NAIC FINANCIAL STATEMENTS						
	1	Annual Statement (8 1/2" x 14")	1	1	xxx	3/1	NAIC	A-K, M
	1.1	Printed Investment Schedule detail (Pages E01-E26) @	1	1	xxx	3/1	NAIC	A-K, M
	2	Protected Cell Annual Statement	1	0	xxx	3/1	NAIC	A-K, M
	3	Combined Annual Statement (8 1/2" x 14")	1	1	xxx	5/1	NAIC	A-K, M, V
	4	Quarterly Financial Statement (8 1/2" x 14")	1	1	xxx	5/15, 8/15, 11/15	NAIC	A-K, M
		II. NAIC SUPPLEMENTS						
	10	Accident & Health Policy Experience Exhibit	1	1	xxx	4/1	NAIC	A-K, M
	11	Combined Insurance Expense Exhibit	xxx	1	xxx	5/1	NAIC	A-K, M
	12	Credit Insurance Experience Exhibit	1	1	xxx	4/1	NAIC	A-K, M
	13	Investment Risk Interrogatories	1	1	xxx	4/1	NAIC	A-K, M
	14	Financial Guaranty Insurance Exhibit	xxx	1	xxx	3/1	NAIC	A-K, M
	15	Insurance Expense Exhibit	1	1	xxx	4/1	NAIC	A-K, M
	16	Long Term Care Experience Reporting Forms	xxx	1	xxx	4/1	NAIC	A-K, M
	17	Management Discussion & Analysis	1	1	xxx	4/1	Company	A-K
	18	Medicare Supplement Insurance Experience Exhibit	xxx	1	xxx	3/1	NAIC	A-K, M
	19	Premiums Attributed to Protected Cells Exhibit	1	1	xxx	3/1	NAIC	A-K, M
	20	Risk-Based Capital Report	1	1	xxx	3/1	NAIC	A-K
	21	Schedule SIS	1	N/A	N/A	3/1	NAIC	A-K, M
	22	Statement of Actuarial Opinion	1	1	xxx	3/1	Company	A-K
	23	Supplement A to Schedule T	xxx	1	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A-K, M
	24	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	A-K, M
	25	SVO Compliance Certification	1	1	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A-K, O
	26	Trusteed Surplus Statement	xxx	1	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A-K, M
		III. ELECTRONIC FILING REQUIREMENTS						
	30	Annual Statement Electronic Filing	xxx	1	xxx	3/1	NAIC	A-K, M
	31	March .PDF Filing	xxx	1	xxx	3/1	NAIC	A-K, M
	32	Risk-Based Capital Electronic Filing	xxx	1	N/A	3/1	NAIC	A-K, M
	33	Supplemental Electronic Filing	xxx	1	xxx	4/1	NAIC	A-K, M
	34	Supplemental .PDF Filing	xxx	1	xxx	4/1	NAIC	A-K, M
	35	Combined Annual Statement Electronic Filing	xxx	1	xxx	5/1	NAIC	A-K, M
	36	Combined Annual Statement .PDF Filing	xxx	1	xxx	5/1	NAIC	A-K, M
	37	Quarterly Electronic Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	A-K, M
	38	Quarterly .PDF Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	A-K, M
	39	June .PDF Filing	xxx	1	xxx	6/1	NAIC	A-K, M
		IV. AUDITED FINANCIAL STATEMENTS						
	51	Accountants Letter of Qualifications	1	N/A	N/A	6/1	Company	A-K, P
	52	Audited Financial Statements	1	1	xxx	6/1	Company	A-K, P
	53	Audited Financial Statements Exemption Affidavit	1	N/A	N/A	6/1	Company	A-K
	54	Independent CPA	1	N/A	N/A	6/1	Company	A-K, P
	55	Notification of Adverse Financial Condition	1	N/A	1	SEE NOTE	Company	A-K, Q
	56	Report of Significant Deficiencies in Internal Controls	1	N/A	1	8/1	Company	A-K, R
	57	Request for Exemption to File	1	N/A	N/A	SEE NOTE	Company	A-K, S
	58	Request to File Consolidated Audited Annual Statements	1	N/A	1		Company	A-K
		V. STATE REQUIRED FILINGS						
	101	Certificate of Compliance	xxx	0	0	3/1	State	A-K
	102	Certificate of Deposit	xxx	0	0	3/1	State	A-K
	103	Filings Checklist (with Column 1 completed)	xxx	1			State	A-K
	104	Premium tax		0		SEE NOTE	State	D
	105	State Filing Fees		0		SEE NOTE	State	C
	106	Affidavit of Filing	0	0	0	SEE NOTE	State	L

	107	Accident and Sickness Insurance Advertising Certificate of Compliance per Admin Rule 500.668 – only applies to insurers writing disability insurance (send to Conduct Review and Securities Division of the Office of Financial & Insurance Services)	1	xxx	1	3/1	Company	A-K
	108	Assessable Premium for Michigan Assigned Claims Facilities pursuant to P.A. 174 of 1974 – submission required by all property and casualty insurers except surplus lines insurers (send to Assigned Claims Facility of the Michigan Department of State)	1	xxx	1	3/1	State – FIS 0065	A-K
	109	Assessable Premium Calculation for Michigan Basic Property pursuant to MCLA 500.2932 – submission required by all property and casualty insurers (send to Assessment Accounting Section of the Michigan Basic Property Insurance Association)	1	xxx	1	3/1	State – FIS 0116	A-K
	110	ATPA Annual Assessment pursuant to P.A. 174 of 1992 – submission required by all auto insurers (send to Michigan Department of State Police)	1	xxx	1	3/31	State – FIS 0055	A-K
	111	Insurance Company Holding System Registration Statement – if subject to registration under Michigan Act	1	xxx	xxx	5/1	Company	A-K, T
	112	MCCA Annual Assessment Report pursuant to MCLA 500.3104 – submission required by all property and casualty insurers (send to Michigan Catastrophic Claims Association)	1	xxx	1	8/15	State – FIS 0075	A-K
	113	Municipal/Liquor Liability Report of Premiums and Losses for Michigan pursuant to MCLA 2409(b) – submission required by all property and casualty insurers (send to Policy Division of the Office of Financial & Insurance Services)	1	xxx	1	3/1	State – FIS 0118	A-K
	114	Qualifying Assets under Section 901(1) of the Michigan Insurance Code	1	xxx	xxx	3/1	State – FIS 0076	A-K, U
	115	Complaint and Grievance Summary for Health Carriers (send to Consumer Services Division of the Office of Financial & Insurance Services)	1	xxx	1	4/15	State- FIS 0318	A-K
	116	Michigan Health Insurance Enrollment, Premiums and Losses (send to Policy Division of the Office of Financial & Insurance Services)	1	xxx	1	3/1	State – FIS 0322	A-K
	117	Officer and Director Biographical Information	1	xxx	xxx	SEE NOTE	NAIC	A-K, W

***If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and the NAIC and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state.**

****If Form Source is NAIC, the form should be obtained from the appropriate vendor.**

@If schedule is included in the annual statement submitted as item #1, an additional copy is not required.

TITLE COMPANIES

COMPANY NAME: _____ **NAIC Company Code:** _____
Contact: _____ **Telephone:** _____
REQUIRED FILINGS IN THE STATE OF: MICHIGAN **Filings Made During the Year 2004**

(1) Check- List	(2) Line #	(3) REQUIRED FILING FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
		I. NAIC FINANCIAL STATEMENTS						
	1	Annual Statement (8 1/2" x 14")	1	1	xxx	3/1	NAIC	
	1.1	Printed Investment Schedule detail (Pages E01-E25) @	1	1	xxx	3/1	NAIC	A-K, M
	2	Quarterly Financial Statement (8 1/2" x 14")	1	1	xxx	5/15, 8/15, 11/15	NAIC	A-K, M
		II. NAIC SUPPLEMENTS						
	11	Investment Risk Interrogatories	1	1	xxx	4/1	NAIC	A-K, M
	12	Management Discussion & Analysis	1	1	xxx	4/1	Company	A-K
	13	Schedule SIS	xxx	N/A	N/A	3/1	NAIC	A-K, M
	14	Statement of Actuarial Opinion	1	1	xxx	3/1	Company	A-K
	15	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	A-K, M
	16	Supplemental Schedule of Business Written By Agency	xxx	1	xxx	4/1	NAIC	A-K
	17	SVO Compliance Certification	1	1	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A-K, O
		III. ELECTRONIC FILING REQUIREMENTS						
	30	Annual Statement Electronic Filing	xxx	1	xxx	3/1	NAIC	A-K, M
	31	March .PDF Filing	xxx	1	xxx	3/1	NAIC	A-K, M
	32	Supplemental Electronic Filing	xxx	1	xxx	4/1	NAIC	A-K, M
	33	Supplemental .PDF Filing	xxx	1	xxx	4/1	NAIC	A-K, M
	34	Quarterly Statement Electronic Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	A-K, M
	35	Quarterly .PDF Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	A-K, M
	36	June .PDF Filing	xxx	1	xxx	6/1	NAIC	A-K, M
		IV. AUDITED FINANCIAL STATEMENTS						
	51	Accountants Letter of Qualifications	1	N/A	N/A	6/1	Company	A-K, P
	52	Audited Financial Statements	1	1	xxx	6/1	Company	A-K, P
	53	Audited Financial Statements Exemption Affidavit	1	N/A	N/A	6/1	Company	A-K
	54	Independent CPA	1	N/A	N/A	6/1	Company	A-K, P
	55	Notification of Adverse Financial Condition	1	N/A	1	SEE NOTE	Company	A-K, Q
	56	Report of Significant Deficiencies in Internal Controls	1	N/A	1	8/1	Company	A-K, R
	57	Request for Exemption to File	1	N/A	N/A	SEE NOTE	Company	A-K, S
		V. STATE REQUIRED FILINGS						
	101	Filings Checklist (with Column 1 completed)		1			State	A-K
	102	Premium Tax		0		SEE NOTE	State	D
	103	State Filing Fees		0		SEE NOTE	State	C
	104	Affidavit of Filing	0	0	0	SEE NOTE	State	L

***If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and the NAIC and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state.**

****If Form Source is NAIC, the form should be obtained from the appropriate vendor.**

@If schedule is included in the annual statement submitted as item #1, an additional copy is not required.

UNITED STATES BRANCH OF NON-US INSURERS

That DO NOT use MICHIGAN as a Port of Entry

COMPANY NAME: _____ NAIC Company Code: _____

Contact: _____ Telephone: _____

REQUIRED FILINGS IN THE STATE OF: MICHIGAN Filings Made During the Year 2004

(1) Check- list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE**	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
		I. NAIC FINANCIAL STATEMENTS						
	1	Annual Statement (8 1/2"x14")	N/A	N/A	xxx	3/1	NAIC	A-K, M
	1.1	Printed Investment Schedule detail (Pages E01-E26)	N/A	N/A	xxx	3/1	NAIC	A-K, M
	2	Quarterly Financial Statement (8 1/2" x 14")	N/A	N/A	xxx	5/15, 8/15, 11/15	NAIC	A-K, M
	3	Separate Accounts Annual Statement (8 1/2"x14")	N/A	N/A	xxx	3/1	NAIC	A-K, M
		II. NAIC SUPPLEMENTS						
	10	Accident & Health Policy Experience Exhibit	N/A	N/A	xxx	4/1	NAIC	A-K, M
	11	Credit Insurance Experience Exhibit	N/A	N/A	xxx	4/1	NAIC	A-K, M
	12	Interest Sensitive Life Insurance Products Report	N/A	N/A	xxx	4/1	NAIC	A-K, M
	13	Investment Risk Interrogatories	N/A	N/A	xxx	4/1	NAIC	A-K, M
	14	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit	N/A	N/A	xxx	4/1	NAIC	A-K, M
	15	Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form	N/A	N/A	xxx	4/1	NAIC	A-K, M
	16	Long Term Care Experience Reporting Forms	N/A	N/A	xxx	4/1	NAIC	A-K, M
	17	Management Discussion & Analysis	N/A	N/A	xxx	4/1	Company	A-K
	18	Medicare Supplement Insurance Experience Exhibit	N/A	N/A	xxx	3/1	NAIC	A-K, M
	19	Risk-Based Capital Report	N/A	N/A	N/A	3/1	NAIC	A-K
	20	Schedule SIS	N/A	N/A	N/A	3/1	NAIC	A-K, M
	21	Statement of Actuarial Opinion	N/A	N/A	xxx	3/1	Company	A-K
	22	Statement on non-guaranteed elements - Exhibit 5 Interrogatory #3	N/A	N/A	xxx	3/1	Company	A-K, M
	23	Statement on participating/non-participating policies - Exhibit 5 Interrogatory #1.1	xxx	N/A	xxx	3/1	Company	A-K, M
	24	Supplemental Compensation Exhibit	N/A	N/A	N/A	3/1	NAIC	A-K, M
	25	Supplemental Schedule O	N/A	N/A	xxx	3/1	NAIC	A-K, M
	26	SVO Compliance Certification	N/A	N/A	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A-K, O
	27	Trusteed Surplus Statement	N/A	N/A	xxx	3/1, 5/15, 8/15, 11/15	NAIC	A-K, M
	28	Insurance Expense Exhibit – property and casualty	N/A	N/A	xxx	4/1	NAIC	A-K, M
	29	Workers' Compensation Carve Out Supplement	N/A	N/A	xxx	3/1	NAIC	A-K, M
		III. ELECTRONIC FILING REQUIREMENTS						
	30	Annual Statement Electronic Filing	N/A	N/A	xxx	3/1	NAIC	A-K, M
	31	March .PDF Filing	N/A	N/A	xxx	3/1	NAIC	A-K, M
	32	Risk-Based Capital Electronic Filing	N/A	N/A	xxx	3/1	NAIC	A-K, M
	33	Separate Accounts Electronic Filing	N/A	N/A	xxx	3/1	NAIC	A-K, M
	34	Separate Accounts .PDF Filing	N/A	N/A	xxx	3/1	NAIC	A-K, M
	35	Supplemental Electronic Filing	N/A	N/A	xxx	4/1	NAIC	A-K, M
	36	Supplemental .PDF Filing	N/A	N/A	xxx	4/1	NAIC	A-K, M
	37	Quarterly Electronic Filing	N/A	N/A	xxx	5/15, 8/15, 11/15	NAIC	A-K, M
	38	Quarterly .PDF Filing	N/A	N/A	xxx	5/15, 8/15, 11/15	NAIC	A-K, M
	39	June .PDF Filing	N/A	N/A	xxx	6/1	NAIC	A-K, M
		IV. AUDITED FINANCIAL STATEMENTS						
	51	Accountants Letter of Qualifications	N/A	N/A	N/A	6/1	Company	A-K, P
	52	Audited Financial Statements	N/A	N/A	xxx	6/1	Company	A-K, P
	53	Audited Financial Statements Exemption Affidavit	N/A	N/A	N/A	6/1	Company	A-K
	54	Independent CPA	N/A	N/A	N/A	6/1	Company	A-K, P
	55	Notification of Adverse Financial Condition	N/A	N/A	1	SEE NOTE	Company	A-K, Q
	56	Report of Significant Deficiencies in Internal Controls	N/A	N/A	1	8/1	Company	A-K, R
	57	Request for Exemption to File	N/A	N/A	N/A	SEE NOTE	Company	A-K, S
		V. STATE REQUIRED FILINGS						
	101	Certificate of Compliance from Port of Entry State	N/A	N/A	0	3/1	State	A-K
	102	Certificate of Deposit from Port of Entry State	N/A	N/A	0	3/1	State	A-K
	103	Certificate of Valuation	N/A	N/A	1	7/1	State	A-K
	104	Filings Checklist (with Column 1 completed)	N/A	N/A			State	A-K

	105	Premium tax	N/A	N/A		SEE NOTE	State	D
	106	State Filing Fees	N/A	N/A		SEE NOTE	State	C
	107	Affidavit of Filing	N/A	N/A	0	SEE NOTE	State	L
	108	Accident and Sickness Insurance Advertising Certificate of Compliance per Admin Rule 500.668 – only applies to insurers writing disability insurance (send to Conduct Review and Securities Division of the Office of Financial & Insurance Services)	N/A	N/A	1	3/1	Company	A-K
	109	Assessable Premium for Michigan Assigned Claims Facilities pursuant to P.A. 174 of 1974 – submission required by all property and casualty insurers except surplus lines insurers (send to Assigned Claims Facility of the Michigan Department of State)	N/A	N/A	1	3/1	State – FIS 0065	A-K
	110	Assessable Premium Calculation for Michigan Basic Property pursuant to MCLA 500.2932 – submission required by all property and casualty insurers (send to Assessment Accounting Section of the Michigan Basic Property Insurance Association)	N/A	N/A	1	3/1	State – FIS 0116	A-K
	111	ATPA Annual Assessment pursuant to P.A. 174 of 1992 – submission required by all auto insurers (send to Michigan Department of State Police)	N/A	N/A	1	3/31	State – FIS 0055	A-K
	112	Insurance Company Holding System Registration Statement – if subject to registration under Michigan Act	N/A	N/A	xxx	5/1	Company	A-K, T
	113	MCCA Annual Assessment Report pursuant to MCLA 500.3104 – submission required by all property and casualty insurers (send to Michigan Catastrophic Claims Association)	N/A	N/A	1	8/15	State – FIS 0075	A-K
	114	Municipal/Liquor Liability Report of Premiums and Losses for Michigan pursuant to MCLA 2409(b) – submission required by all property and casualty insurers (send to Policy Division of the Office of Financial & Insurance Services)	N/A	N/A	1	3/1	State – FIS 0118	A-K
	115	Annual State of total business on the form filed with the domiciliary regulator of the country of origin (include a copy in English)	N/A	N/A	1	When available	Company	A-K
	116	Complaint and Grievance Summary for Health Carriers (send to Consumer Services Division of the Office of Financial & Insurance Services)	N/A	N/A	1	4/15	State- FIS 0318	A-K
	117	Michigan Health Insurance Enrollment, Premiums and Losses (send to Policy Division of the Office of Financial & Insurance Services)	N/A	N/A	1	3/1	State- FIS 0322	A-K

***If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and the NAIC and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state.**

****If Form Source is NAIC, the form should be obtained from the appropriate vendor.**

APPENDIX I:

QUALIFYING ASSET INSTRUCTIONS AND FORMS

Qualifying Assets Form Instructions 20-24

Qualifying Asset Forms:

Property & Casualty Insurers Qualifying Assets under 901 (FIS 0076)

Non-Insurance Entity Qualifying Assets under 901(1) (FIS 0082)

Listing of Companies for Which Reinsurance Credits are Allowed (See Appendix IV)

QUALIFYING ASSETS FORM INSTRUCTIONS

FIS 0076 Property & Casualty Insurers Qualifying Assets under Section 901

FIS 0082 Non-Insurance Entity Qualifying Assets under Section 901(1)

Note: These qualifying asset forms immediately follow these instructions.

Enactment of Public Act No. 462 effective June 21, 2002, resulted in changes to Section 901 of the Michigan Insurance Code. Only domestic insurers are now subject to the provisions of Section 901, and must complete the "Qualifying Assets Under Section 901" forms. Please review Section 901 when completing the qualifying assets form to fully understand the changes. Section 901 can be viewed by clicking on this web site link: <http://www.michiganlegislature.org/Section-500.901>.

Compliance with Section 901(1) of the Michigan Insurance Code is the obligation of each domestic insurer. All domestic insurers must complete a qualifying assets form to determine compliance with Section 901(1). Review the qualifying assets forms listed above to determine which form is appropriate for the type of insurer.

These instructions provide general guidance. Insurers must complete the appropriate form in compliance with the requirements of Chapter 9 of the Michigan Insurance Code. Return completed forms with required attachments to OFIS on or before the due date of March 1, 2004.

Companies must staple all pages and qualifying asset forms prepared for subsidiaries where value is reported on Lines 22 and 23 of the reporting entities' qualifying assets form. If a subsidiary is also a licensed insurer in Michigan, that insurer should staple its qualifying assets form separately and paper clip the form to the parent's form.

DO NOT USE LAST YEAR'S FORMS. Blank forms follow these instructions. Blank forms may be photocopied as needed and are available on the OFIS website.

If you have questions about completion of qualifying asset forms, contact the Office of Financial Evaluation at (517) 241-4490.

LINE 2 - MINIMUM CAPITAL AND SURPLUS (901)(1)

The lesser of:

1. Minimum capital and surplus required by Sections 408 and 410.
2. \$7,000,000.

LINE 8 - AGENTS' BALANCES OR UNCOLLECTED PREMIUMS (901)(3)(d) and (e)

This line is designed to report agents' balances and uncollected premiums as permitted in Sections 901(3)(d) and (e). Agents' balances and uncollected premiums included on annual statement page 2 may be reported on this line if they meet the following criteria:

1. Deferred premium receivable excluding credit life and credit accident and health premiums pursuant to Section 901(3)(d).
2. All other agents' balances or uncollected premiums (including deferred credit life and credit accident and health) pursuant to Section 901(3)(e) that are all of the following:
 - a. Receivable from an agent, agency, policyholder, or other person that does not have control of more than 10% of all the insurer's agents' balances or uncollected premiums;
 - b. Receivable from entities not affiliated with the insurer; and;
 - c. Receivable on policies with a December 2003 effective date to the extent offset by unearned premiums.

LINE 9 - REINSURANCE RECOVERABLE (901)(3)(a) or (f)

Include Reinsurance Recoverable reported on page 2 of the annual statement reduced by amounts due from authorized reinsurers that are more than 90 days overdue.

LINE 13a - 5% LIMITATION (901)(6)

Section 901(6) limits the value of an asset to 5% of the assets required by Section 901(1) (i.e., the sum of net liabilities and minimum capital and surplus). The 5% limitation applies to assets invested in, loaned to or receivable from one person or one group of affiliated persons except for affiliated companies complying with Section 901(1), mortgage-related securities issued by the Federal Home Loan Mortgage Corporation or the Federal National Mortgage Association, and obligations of the United States or any state if the principal and interest are fully guaranteed by the United States or any state.

LINE 13b - 2% LIMITATION (901)(2)(a)

Section 901(2)(a) limits the value of computers to 2% of the assets required by Section 901(1) (i.e., the sum of net liabilities and minimum capital and surplus).

LINE 13c - 20% LIMITATION (901)(2)(c), (901)(2)(f)

Section 901(2)(c) limits the value of real estate to 20% of the assets required by 901(1) (i.e., the sum of net liabilities and minimum capital and surplus). Section 901(2)(f) limits high yield, high risk obligations to 20% of the assets required by 901(1). Section 901(2)(f) defines "high yield, high risk obligations" as those obligations that are not in one of the top two numbered classifications of bonds reported in the insurer's annual financial statement.

LINE 14 – BONDS (901)(4), (6) and (7)

Bonds are allowable as follows:

1. Bonds of unaffiliated persons or companies are subject to the 5% limitation per investment in one entity except for those bonds specifically exempt from the restriction pursuant to Section 901(6). Report all Section 912, 914, 918, and 934 bonds at the statement value as directed by the NAIC Securities Valuation Office.
2. Bonds of non-insurance affiliates are allowed at market value if rated investment grade and are valued by the Securities Valuation Office (SVO) of the NAIC or a nationally recognized statistical rating agency listed in the SVO manual. Report all Section 912, 914, 918, and 934 bonds at the statement value as directed by the NAIC Securities Valuation Office.
3. Bonds of affiliated insurers are allowed without limitation if the affiliated insurer complies with Section 901(1). An annual statement and a completed qualifying assets form of the unauthorized insurer affiliate must be submitted to receive credit. Report all Section 912, 914, 918, and 934 bonds at the statement value as directed by the NAIC Securities Valuation Office.
4. Mortgage-backed securities backed by pools of residential mortgages are allowed if rated investment grade and valued by the Securities Valuation Office (SVO) of the NAIC or a nationally recognized statistical rating agency listed in the SVO manual subject to the 5% limitation of Section 901(6).

LINE 16 - MORTGAGE LOANS (901)(6) AND (7)

Mortgage loans on real estate are allowable at book value except:

1. Mortgage loans issued to unaffiliated persons or companies are subject to the 5% limitation per investment in one entity pursuant to Section 901(6).
2. Mortgage loans issued to non-insurance affiliated entities are not allowed.
3. Mortgages loans issued to affiliated insurers are allowed without limitation if the affiliated insurer complies with Section 901(1).
4. Mortgages that are in default (more than 90 days overdue or in the process of foreclosure) may be included at market value per Section 901(4) if a current independent appraisal of the valuation of the mortgage is included.

LINE 17 - REAL ESTATE (901)(2)(c), (4) and (6)

Exclude any real estate that is encumbered with prior liens that affect the salability of the asset to a material extent per Section 901(2)(c). All real estate is subject to a 5% limitation per investment in one entity pursuant to Section 901(6). The reported value of real estate acquired by foreclosure shall not exceed the actual realizable value as certified within the past twelve months by a qualified appraiser.

LINE 18 - UNAFFILIATED LOANS OR RECEIVABLES (901)(6)

Amounts loaned to, receivable from or deposited with unaffiliated persons or companies are generally allowed, subject to the 5% limitation per investment in one entity, provided that a detailed breakdown by entity and amount is attached to the Qualifying Assets Form. *FEDERAL INCOME TAX RECOVERABLE IS NOT ALLOWED AS A QUALIFYING ASSET.* The following are allowed:

1. Derivative instruments may also be included on this line as long as they comply with Section 943 and sufficient detail is provided to confirm compliance with Section 943.
2. Receivables due from broker/dealers may be included without limitation provided the amount is collected within 5 business days from the date of disposition.

LINE 19 - AFFILIATED LOANS OR RECEIVABLES (901)(6) and (7)

Amounts loaned to, receivable from, or deposited with a person or entity that is, directly or indirectly, owned or controlled by the insurer or that, directly or indirectly, owns, controls, or is affiliated with the insurer are allowable as follows:

1. Amounts receivable from, affiliated insurers that are not more than 90 days past due as long as the insurer complies with Section 901(1). (Submit a listing with a breakdown by company and amount. Include an annual statement and a completed qualifying assets form for each unauthorized affiliate).
2. Amounts invested in an affiliated publicly traded investment company that is registered and regulated under the Investment Company Act of 1940. Equity interests in a publicly traded investment company must be entered on Line 23 - Equity in Wholly Owned Non-Insurance Affiliates.
3. Amounts loaned to non-insurance entities are not allowed.

LINE 22 - EQUITY IN AFFILIATED INSURERS (901)(7)(e)

The amount reported on this line is determined by completing the appropriate Qualifying Assets Form for each affiliated insurer. Include the Excess Amount of Qualifying Assets over Amount of Net Liabilities (line 27 or 31 of qualifying assets form) for each insurance affiliate to the extent permitted by Section 901(7)(e). To receive credit the company must attach a completed qualifying assets form for each affiliate reported on this line.

LINE 23 - EQUITY IN WHOLLY OWNED NON-INSURANCE AFFILIATES 901(7)(c)

Complete the Non-Insurance Entity Qualifying Assets form (FIS 0082) for each non-insurance affiliate that is owned solely by the insurer. Include the Excess Amount of Qualifying Assets over Amount of Net Liabilities for each non-insurance affiliate to the extent permitted by Section 901(7)(c). To receive credit, the Securities Valuation Office must value the affiliate. The amount reported on this line is the lesser of, the Excess Amount of Qualifying Assets over Amount of Net Liabilities, or the Securities Valuation Office value.

LINE 28 - ASSETS CONSIDERED AS QUALIFYING UNDER SECTION 901(2)(e) (ASSETS NOT DEFINED IN CHAPTER 9)

Assets not otherwise defined in Chapter 9 may be included as qualifying assets pursuant to Section 901(2)(e) as long as all of the following are met:

1. The assets are rated investment grade by the Securities Valuation Office (SVO) of the NAIC or a nationally recognized statistical rating agency listed in the SVO manual; AND,
2. Sufficient detail is submitted with the qualifying assets form of the insurer to confirm that the assets reported on this line complies with item 1.

NOTE: Assets that are specifically excluded under Section 901 are defined in Chapter 9 and are therefore not permitted on this line.

Detail is required for each asset reported on this line and must include the description of the asset, the amount, the type of asset, the investment rating and confirmation of the investment rating. The assets reported on this line remain subject to the approval of the Commissioner.

LINE 29 - ASSETS CONSIDERED AS QUALIFYING UNDER SECTION 901(7)(d) (EQUITY INVESTMENTS IN PARTIALLY OWNED NON-INSURANCE AFFILIATES) AND SECTION 901(7)(e) (SURPLUS NOTES)

Amounts invested (i.e., stock investments) in a non-insurance affiliate that is not owned solely by the insurer may be included pursuant to Section 901(7)(d) only if all of the following are met:

1. The non-insurance affiliate is publicly traded; AND,
2. The non-insurance affiliate is valued by the Securities Valuation Office (SVO) of the NAIC or a nationally recognized statistical rating agency listed in the SVO manual; AND,
3. An independent audited financial statement for the non-insurance affiliate is submitted with the Qualifying Assets form of the insurer; AND,
4. The non-insurance affiliate holds an Excess Amount of Qualifying Assets over Amount of Net Liabilities (determined by completing the Non-insurance Entity Qualifying Assets form - FIS 0082), prorated to reflect the equity interest of the insurer; AND,
5. A Non-Insurance Entity Qualifying Assets form (FIS 0082) is submitted with the Qualifying Assets form of the insurer for each entity reported on this line; AND,
6. Sufficient detail is submitted with the qualifying assets form of the insurer to confirm that the assets reported on this line comply with the above.

Surplus notes may be included pursuant to Section 901(7)(e), subject to the Commissioner's approval.

Detail is required for each asset reported on this line and must include the description of the asset, the amount, the type of asset, the investment rating and confirmation of the investment rating. The assets reported on this line remain subject to the approval of the Commissioner.

LINE 30 - ASSETS CONSIDERED AS QUALIFYING UNDER SECTION 901(5) (ASSETS EQUIVALENT TO BUT NOT SPECIFICALLY DESCRIBED IN CHAPTER 9)

The Commissioner may permit other assets not specifically described in Section 901 as qualifying assets pursuant to Section 901(5) as long as all of the following are met:

1. The assets are financially equivalent to those assets described in Section 901 through Section 947; **AND**,
2. The asset is publicly traded or readily marketable; **AND**,
3. The assets are rated investment grade by the Securities Valuation Office (SVO) of the NAIC or a nationally recognized statistical rating agency listed in the SVO manual or the property is not valued at more than the actual realizable value as certified within the past 2 years by a qualified appraiser; **AND**,
4. Sufficient detail is submitted with the qualifying assets form of the insurer to confirm that the assets reported on this line comply with items 1 through 3 above.

Detail is required for each asset reported on this line and must include the description of the asset, the amount, the type of asset, the investment rating and confirmation of the investment rating. The assets reported on this line remain subject to the approval of the Commissioner.

Property & Casualty Insurers
Qualifying Assets Under Section 901

Read instructions before completing form.

Submission Required By:
ALL DOMESTIC PROPERTY & CASUALTY
INSURERS

2003

DUE 3/1/04

Bar Code Required - Place Bar Code Here

Name of Company

NAIC Group no.

NAIC Company code

Name of parent company (if licensed in Michigan)

1. **Liabilities** (from annual statement: page 3, line 26)..... 1. _____
2. **Minimum Capital and Surplus** required by Section 901(1)..... 2. \$7,000,000
3. Add lines 1 and 2..... 3. _____
- (Lines 4 through 6 intentionally left blank)
7. **Bills Receivable** to the extent they are secured by a letter of credit, security trust funds or unearned premium reserves (from annual statement: page 2, line 12)..... 7. _____
8. **Agents' Balances or Uncollected Premiums** (Section 901(3)(d) and (e))
 - 8a. Total premiums (from annual statement: page 2, line 12.2)..... 8a. _____
 - 8b. Total credit A&H premiums included in 8a..... 8b. _____
 - 8c. Subtract line 8b from 8a..... 8c. _____
 - 8d. Total premiums (from annual statement: page 2, add lines 12.1 and 12.3)..... 8d. _____
 - 8e. Add lines 8b and 8d..... 8e. _____
 - 8f. Total amount from line 8e receivable from an agent, agency, policyholder or other person that DOES NOT control more than 10% of all the insurer's agents' balances, and is NOT affiliated with the insurer, on policies with December 2003 effective dates to the extent that the amounts are offset by unearned premium reserves on the same policies..... 8f. _____
- TOTAL: Add lines 8c and 8f..... 8. _____
9. **Reinsurance Recoverable** on Paid Losses and Paid Loss Adjustment Expenses in compliance with Sections 901(3)(a) or (f) (from annual statement: page 2, lines 13.1 and 13.3 or as a write-in asset). A listing with a breakdown by reinsurer and amount must be attached to this form for line 13.3 and write-in recoverables..... 9. _____
10. **Amounts Receivable** in compliance with Section 901(3)(f) (only to the extent the receivable is offset by a liability included above). A listing with a breakdown by company and amount must be attached to this form..... 10. _____
11. Add lines 7 through 10..... 11. _____
12. **Net Liabilities** (subtract line 11 from line 3)..... 12. _____
13. a. **5% Limitation** per Section 901(6) (multiply line 12 by 5%)..... 13a. _____
- b. **2% Limitation** per Section 901(2)(a) (multiply line 12 by 2%)..... 13b. _____
- c. **20% Limitation** per Section 901(2)(c) and (f) (multiply line 12 by 20%)..... 13c. _____
14. **Bonds** in compliance with Section 901(2)(f), 901(4), (6) and (7). (**Note:** may be subject to 5% limit; see line 13a of this form. Subject to 20% limit for obligations not rated class 1 or 2; see line 13c of this form)..... 14. _____
15. **Preferred and Common Stocks** at market value, in compliance with Section 901(6) and (7). (**Note:** subject to 5% limit; see line 13a of this form). EXCLUDE the value of affiliated stocks..... 15. _____

16. **Mortgage Loans** on Real Estate at book value in compliance with Section 901(6) and (7). (**Note:** may be subject to 5% limit; see line 13a of this form).....

16. _____

17. **Real Estate** (in U.S.A.) at book value in compliance with Section 901(2)(c), (4) and (6). (**Note:** subject to 5% limit, and 20% limit; see lines 13a and 13c of this form).....

17. _____

18. **Unaffiliated Loans or Receivables:** Amounts loaned to, receivable from, or deposited with unaffiliated entities in compliance with Section 901(6). A listing with a breakdown by company and amount must be attached to this form. (**Note:** subject to 5% limit; see line 13a of this form).....

18. _____

19. **Affiliated Loans or Receivables:** Amounts loaned to, receivable from, or deposited with affiliated insurers in compliance with Section 901(6) and (7). A listing with a breakdown by company and amount must be attached to this form.....

19. _____

20. **Cash and Bank Deposits** (**Note:** subject to the 5% limitation on any amount per entity in excess of amounts fully guaranteed by the United States or any state; see line 13a of this form).....

20. _____

21. **Short-Term Investments** at statement value. (**Note:** may be subject to 5% limit; see line 13a of this form).....

21. _____

22. **Equity in Affiliated Insurers:** Excess Amount of Qualifying Assets over Amount of Net Liabilities of affiliated insurers in compliance with Section 901(6) and (7). **Attach** a complete listing showing companies and amount.
Attach an audited financial statement and an annual statement for each affiliate not licensed in Michigan.....

22. _____

23. **Equity in Wholly-owned Noninsurance Affiliates:** Excess Amount of Qualifying Assets over Amount of Net Liabilities of wholly- owned noninsurers in compliance with Section 901(7)(c). **Attach** a complete listing showing companies and amount.
Attach an audited financial statement and a completed Non-Insurance Entity Qualifying Assets form (FIS 0082)

23. _____

24. **Value of Computers** in compliance with Section 901(2)(a). The value shall not exceed the original cost amortized over 3 or less years. (**Note:** Subject to 2% limit; see line 13b of this form).....

24. _____

25. **Income Due and Accrued** (only include income due and accrued on assets reported on lines 14 through 24 of this form).....

25. _____

26. Total Amount of Qualifying Assets (add lines 14 through 25).....

26. _____

27. Excess Amount of Qualifying Assets over Amount of Net Liabilities (subtract line 12 from line 26). If amount is positive, no further work is necessary. If amount is negative, continue below.....

27. _____

Other assets not included above, subject to approval by the Commissioner:

28. **Assets considered as qualifying under Section 901(2)(e)** (Detail Required).....

28. _____

29. **Assets considered as qualifying under Section 901(7)(d) and (e)** (Detail Required).....

29. _____

30. **Assets considered as qualifying under Section 901(5)** (Detail Required).....

30. _____

31. The sum of lines 27 through 30.....

31. _____

CERTIFICATION: I certify that I am an officer of the company named in this report and that I have authority to prepare and file this report. I have examined this report thoroughly, and it is true, complete and correct to the best of my knowledge and belief.

Signature of Company Officer	Date signed	NAIC Company code
Company Officer's name and title typed or printed		Person and phone no. to contact regarding this report:

P.A. 218 of 1956 as amended requires submission by stated insurers. Failure to file correctly may result in an action against insurer's certificate of authority, financial penalties or other compliance action.

Non-Insurance Entity
Qualifying Assets Under Section 901(1)

Read instructions before completing form

**COMPLETE FOR EACH SOLELY OWNED
NON-INSURANCE AFFILIATE**
2003
DUE 3/1/04
Bar Code Required - Place Bar Code Here

Note: Refer to Instructions for FIS 0076, 0079 or 0081 for specific instructions on each type of asset.

Name of Company

NAIC Group number

NAIC Company code

Name of Parent Company

1. **Liabilities** 1. _____

(Lines 2 through 12 intentionally left blank)

13. a. **5% Limitation** per Section 901(6) (multiply line 1 by 5%)..... 13a. _____

b. **2% Limitation** per Section 901(2)(a) (multiply line 1 by 2%)..... 13b. _____

c. **20% Limitation** per Section 901(2)(c) and (f) (multiply line 1 by 20%)..... 13c. _____

14. **Bonds** in compliance with Section 901(2)(f), 901(4), (6) and (7). (**Note:** may be subject to 5% limit; see line 13a of this form. Subject to 20% limit for obligations not rated class 1 or 2; see line 13c of this form)..... 14. _____

15. **Preferred and Common Stocks** at market value, in compliance with Section 901(6) and (7). (**Note:** subject to 5% limit; see line 13a of this form). EXCLUDE the value of affiliated stocks..... 15. _____

16. **Mortgage Loans** on Real Estate at book value in compliance with Section 901(6) and (7). (**Note:** may be subject to 5% limit; see line 13a of this form)..... 16. _____

17. **Real Estate** (in U.S.A.) at book value in compliance with Section 901(2)(c), (4) and (6). (**Note:** subject to 5% limit, and 20% limit; see lines 13a and 13c of this form)..... 17. _____

18. **Unaffiliated Loans or Receivables:** Amounts loaned to, receivable from, or deposited with unaffiliated entities in compliance with Section 901(6). A listing with a breakdown by company and amount must be attached to this form. (**Note:** subject to 5% limit; see line 13a of this form)..... 18. _____

19. **Affiliated Loans or Receivables:** Amounts loaned to, receivable from, or deposited with affiliated insurers in compliance with Section 901(6) and (7). A listing with a breakdown by company and amount must be attached to this form..... 19. _____

20. **Cash and Bank Deposits** (subject to the 5% limitation on any amount per entity in excess of amounts fully guaranteed by the United States or any state; see line 13a of this form)..... 20. _____

21. **Short-Term Investments** at statement value. (**Note:** may be subject to 5% limit; see line 13a of this form)..... 21. _____

22. **Equity in Affiliated Insurers:** Excess Amount of Qualifying Assets over Amount of Net Liabilities of affiliated insurers in compliance with Section 901(6) and (7). **Attach** a complete listing showing companies and amount.
Attach an audited financial statement and an annual statement for each affiliate not licensed in Michigan..... 22. _____

23. **Equity in Wholly-owned Noninsurance Affiliates:** Excess Amount of Qualifying Assets over Amount of Net Liabilities of wholly- owned noninsurers in compliance with Section 901(7)(c). **Attach** a complete listing showing companies and amount.
Attach an audited financial statement and a completed Non-Insurance Entity Qualifying Assets form (FIS 0082) 23. _____

24. **Value of Computers** in compliance with Section 901(2)(a). The value shall not exceed the original cost amortized over 3 or less years. (**Note:** Subject to 2% limit; see line 13b of this form)..... 24. _____

25. **Income Due and Accrued** (only include income due and accrued on assets reported on lines 14 through 24 of this form)..... 25. _____

26. Total Amount of Qualifying Assets (add lines 14 through 25).....

26. _____

27. Excess Amount of Qualifying Assets over Amount of Net Liabilities (subtract line 1 from line 26). If amount is positive, no further work is necessary. If amount is negative, continue below.....

27. _____

Other assets not included above, subject to approval by the Commissioner:

28. Assets considered as qualifying under Section 901(2)(e) (Detail Required).....

28. _____

29. Assets considered as qualifying under Section 901(7)(d) and (e) (Detail Required).....

29. _____

30. Assets considered as qualifying under Section 901(5) (Detail Required).....

30. _____

31. The sum of lines 27 through 30.....

31. _____

CERTIFICATION

I certify that I am an officer of the company named in this report and that I have authority to prepare and file this report. I have examined this report thoroughly, and it is true, complete and correct to the best of my knowledge and belief.

Signature of Company Officer	Date signed	NAIC Company code
Company Officer's name and title typed or printed	Person and phone no. to contact regarding this report:	

P.A. 218 of 1956 as amended requires submission by stated insurers. Failure to file correctly may result in an action against insurer's certificate of authority, financial penalties or other compliance action.

APPENDIX II:

OTHER FORMS

Other Forms:

ATPA Annual Assessment.....	(FIS 0055)
Assessable Premium for Michigan Assigned Claims Facility	(FIS 0065)
MCCA Annual Assessment Report.....	(FIS 0075)
Assessable Premium Calculation for Michigan Basic Property	(FIS 0116)
Municipal/Liquor Liability Report of Premiums and Losses for Michigan.....	(FIS 0118)
Complaint and Grievance Summary for Health Carriers	(FIS 0318)
Michigan Health Insurance Enrollment, Premiums and Losses	(FIS 0322)

Submission Required By: ALL AUTO INSURERS	2003
	Due 3/31/04

AUTO INSURERS:
Complete and submit this form with assessment payment, *to the* Automobile Theft Prevention Authority (ATPA).

Important change for 2003: Submit this form even if no assessment is due.
Send completed form with payment directly to the Michigan Department of State Police at the address below.
Do not send it to Office of Financial & Insurance Services.

Name and address of Company	NAIC Group number	NAIC Company code
	Contact person name and phone (please include area code and extension) ()	
	Total earned car years on all private passenger vehicles insured in 2003 (No-fault Personal Injury Protection)	
	ATPA ASSESSMENT Multiply Total earned car years (above) by \$1.00	\$

**Do *NOT* send to Office of Financial and Insurance Services
SEND DIRECTLY TO:**

**MICHIGAN DEPARTMENT OF STATE POLICE
MANAGEMENT SERVICES DIVISION
714 S. HARRISON RD.
EAST LANSING MI 48823**

**Please make check payable to:
STATE OF MICHIGAN**

For assistance with this form, please phone Newt Shoup: (517) 336-6693

Certification:
I have examined this completed form, and the information given is complete and correct. Amounts given are a true and complete statement of business done in Michigan during this reporting year.

Signature	Date signed
Signer's name and title, typed or printed	

P.A. 174 of 1992 requires submission of this form by all Insurers liable for ATPA assessment. Failure to file could result in suspension, revocation or other action against insurer's Michigan certificate of authority.

STATE POLICE USE ONLY

Amount received	Check number	Date received	Received by
Receipt number	Deposit code	Date deposited	Deposited by

**ASSESSABLE PREMIUM FOR
MICHIGAN ASSIGNED CLAIMS FACILITY**

Submission Required By:
PROPERTY & CASUALTY INSURERS
ONLY IF invoice address is different.
Read instructions below

2003

DUE 3/1/04

All Property and Casualty Insurers:

Companies will be assessed on the amount of direct premiums reported to the NAIC and the Office of Financial and Insurance Services.

Surplus Lines Insurers will not be assessed.

Assessable premiums for purposes of the Assigned Claims Plan will be based on the Annual Statement for Michigan, page 26 (Exhibit of Premiums and Losses, Business in the State of Michigan) column 1, Direct Premiums Written (total of lines 19.1 through 19.4). Snowmobile and motorcycle premiums not deducted from lines 19.1 through 19.4 will be included as assessable premiums.

Please complete this form ONLY IF assessment invoices should be sent to a different contact person or address than noted on your Annual Statement for Michigan.

If assessment invoice address is different than noted on your Annual Statement for Michigan, submit completed forms directly to the Michigan Department of State on or before March 1, 2004.

Groups:

Submit a separate form FIS 0065 for each company having a separate NAIC Company code.

Name and address of Company	NAIC Group number	NAIC Company code
	Contact person name and phone (please include area code and extension) ()	

DO NOT send to Office of Financial and Insurance Services
Please return completed form FIS 0065 directly to:

**ASSIGNED CLAIMS FACILITY
MICHIGAN DEPARTMENT OF STATE
7064 CROWNER DR
LANSING MI 48918**

Ph. (517) 322-1875

Certification:

I have examined this completed form, and the information contained in it is complete and correct.

Signature

Date signed

Signer's name and title, typed or printed

P.A. 174 of 1974 requires submission of this form by Property and Casualty Insurers to request that assessment invoices be sent to an address other than the one listed on the company's Michigan Annual Statement filing. Use or non-use of this form does not modify the statutory requirements pertaining to assessments for the Assigned Claims Plan.

Visit OFIS on the Web at:
www.michigan.gov/ofis



Michigan Department of Consumer & Industry Services
"Serving Michigan... Serving You"



Phone OFIS toll-free at:
1-877-999-6442

The Department of Consumer & Industry Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

MCCA Annual Assessment Report

Please type or print. This information is used to compute the annual Michigan Catastrophic Claims Association assessment. Please read page 2 before completing this form.

Submission Required By:
**ALL PROPERTY & CASUALTY
INSURERS**

2003**DUE 8/15/04**

Name and address of company	NAIC Group number	NAIC Company code
	Contact person name and phone number with area code	
	Contact person email address	

Important: Read page 2 for definitions and reporting requirements.

1. Complete each line and column entry. Do not write in the shaded areas--no entries are required. If an entry is "none" or "not applicable," please indicate.
2. Amounts on lines 1, 2 and 5a, columns A and B must be consistent with reporting in the company's quarterly and annual statement filings for the period indicated.
3. Amounts on line 3, columns D and E must reflect only those premiums for commercial fleets written on a gross receipts basis, or for commercial business in which written vehicle years cannot be identified. All commercial business in which written vehicle years can be determined must be reported on line 2, column C.
4. If company amends a quarterly or annual statement in a manner that affects statements in this report, immediately amend this report and submit it to the MCCA.

Indicate amounts for the period from 7/1/2003 through 6/30/2004

LINE OF BUSINESS (Michigan only)	Column A Direct Michigan premiums written	Column B Direct Michigan premiums earned	Column C Total written car/vehicle/motorcycle years	Column D Commercial auto no-fault direct Michigan premiums written	Column E Commercial auto no-fault direct Michigan premiums earned
1. Private passenger auto no-fault (personal injury protection) [except historical vehicles]					
2. Commercial auto no-fault (personal injury protection) [except historical vehicles]					
3. Amount of premiums on line 2 that are commercial fleets written on a gross receipts basis, or where commercial auto vehicle years cannot be identified.					
4. Motorcycle mandatory liability exposures (written motorcycle years) [except historical vehicles]					
5a. Historical vehicles-Private passenger and commercial auto no-fault (personal injury protection)					
5b. Historical vehicles-Motorcycle mandatory liability exposures					
6. Totals for each column					

DO NOT send to Office of Financial and Insurance Services
Please return completed form FIS 0075 directly to:

James D. Lunsted, Controller
Michigan Catastrophic Claims Association
17584 Laurel Park Drive North
Livonia MI 48152-3906

Phone (734) 953-2779

Certification:

The amounts indicated in this report are true and complete statements of business for the period from 7/1/2003 to 6/30/2004.

Signature

Date signed

Signer's name and title, typed or printed

MCLA 500.3104 requires submission by all Property and Casualty Insurers for the purpose of determining assessable premiums.

Visit OFIS on the Web at:
www.michigan.gov/ofis



Michigan Department of Consumer & Industry Services
"Serving Michigan... Serving You"



Phone OFIS toll-free at:
1-877-999-6442

The Department of Consumer & Industry Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

DEFINITIONS:

Pursuant to the Michigan Catastrophic Claims Association's Plan of Operation, the following definitions apply:

Section 4.01(h) "Written Car Years" means the number of net direct written vehicle years (or the total number of net direct written vehicle months divided by twelve, if so reported) of insurance providing to any and all vehicles, **except Historical Vehicles**, the security required by Sections 3101 and 3103 of the Michigan Insurance Code, written in the State of Michigan by each Member and 3103 Member, or all such members, as applicable. The method each Member and 3103 Member uses to calculate Written Car Years for the purpose of reporting such information to the Association shall be the same method the member uses to calculate the number of written car years the member reports to its statistical agent. As used in the term "Written Car Years" and in this definition, "car" includes motorcycle. The Board may establish, by resolution, the manner for determining Written Car Years with respect to commercial or other vehicles where some other unit of exposure is used.

Section 4.01(g) "Historical Vehicle" means a vehicle that is a registered historic vehicle under section 803A or 803P of the Michigan Vehicle Code, 1949 PA 300 MCL 257.803A and 257.803P.

Section 803a provides the secretary of state may issue to the owner of a historic vehicle a historic vehicle registration plate, which shall bear the inscription "historical vehicle - Michigan" and the registration number. Section 803p provides that the owner of a historic vehicle may use an authentic Michigan registration plate of the same year as the model year in which the vehicle was manufactured instead of a historic vehicle registration plate issued under section 803a by presenting the authentic plate number and year to the secretary of state at the time of registration. Pursuant to Section 257.20a of the Michigan vehicle code, "Historic Vehicle" means a vehicle which is over 25 years old, and which is owned solely as a collector's item and for participation in club activities, exhibitions, tours, parades, and similar uses, including mechanical testing, but is not used for general transportation.

In summary, in order for a vehicle to be assessed at the historical vehicle assessment rate, the vehicle must meet the definition of a historical vehicle as defined in Section 257.20a and must either have a historic vehicle registration plate or authentic Michigan registration plate.

Section 4.01(i) "Written Historical Vehicle Years" means the number of net direct written Historical Vehicle years (or the total number of net direct written Historical Vehicle months divided by twelve, if so reported) of insurance providing to any and all Historical Vehicles the security required by Sections 3101 and 3103 of the Michigan Insurance Code, written in the State of Michigan by each Member and 3103 Member, or all such members, as applicable. The method each Member and 3103 Member uses to calculate Written Historical Vehicle Years for the purpose of reporting such information to the Association shall be the same method the member uses to calculate the number of Written Car Years the member reports to its statistical agent, except that this method will be applied to policies on Historical Vehicles.

REPORTING REQUIREMENTS:

Members are required to maintain and report data for the July 1, 2003 to June 30, 2004 assessment period as follows:

- (1) Private passenger auto no-fault (except historical vehicles): (a) written car years, (b) direct premiums written, and (c) direct premiums earned
- (2) Commercial auto no-fault (except historical vehicles): (a) written car years, (b) direct premiums written, (c) direct premiums earned, and (d) for commercial fleets written on a gross receipts basis or where commercial auto vehicle years cannot be identified: (i) direct premiums written and (ii) direct premiums earned
- (3) Mandatory motorcycle liability exposures (except historical vehicles): (a) written motorcycle years.
- (4) Historical vehicles: (a) auto no-fault: (i) written car years, (ii) direct premiums written, and (iii) direct premiums earned, (b) mandatory motorcycle liability exposures: (i) written motorcycle years

Assessable Premium Calculation For Michigan Basic Property

Submission Required By:
ALL PROPERTY & CASUALTY
INSURERS

2003**DUE 3/1/04**

ALL Property & Casualty Insurers must complete this form and submit it to the Michigan Basic Property Insurance Association on or before March 1. Groups must submit a separate form for each company.

The information submitted on this form is a statement of each company's *Assessable Premiums* as defined in Section 2901 (d) of the Michigan Insurance Code. Companies will be assessed based on the amounts reported. Please read the instructions and notes carefully. Complete entire report by typing or printing.

Name and address of Company		NAIC Group number		NAIC Company code
		Contact person name and phone (please include area code and extension)		
		()		
Line of Business	Column 1 Direct Michigan premiums written (amounts must agree with page 26, column 1 of company's annual statement)	Column 2 Dividends paid or credited (must agree with page 26, column 3 of annual statement [see note below])	Column 3 Deductions (see note below)	Column 4 Subtract Column 2 and Column 3 from Column 1
1. Fire				
2. Allied lines				
3. Commercial multi-peril non-liability				
4. Inland marine				
5. Burglary and theft				
6. SUB TOTAL Add Column 4 lines 1 through 5				
7. Homeowners multi-peril				
8. GRAND TOTAL Add Column 4 lines 6 and 7				

NOTES:

Column 2 Only list dividends on premiums included in Column 1.
 Column 3 Only list deductions to premiums included in Column 1. The deductions only include premiums on policies covering Michigan farm property, and policies covering solely aircraft, watercraft and motor vehicles.

Column 4 Line 6 is the Basic Property Insurance assessable premium.
 Column 4 Line 7 is the Home Property Insurance assessable premium.
 Column 4 Line 8 is the Aggregate Property assessable premium.

DO NOT send to Office of Financial and Insurance Services
Please return completed form FIS 0116 directly to:

MICHIGAN BASIC PROPERTY INSURANCE ASSN
ATTN: ASSESSMENT ACCOUNTING
PO BOX 86
DETROIT MI 48231-0086

(313) 877-7400

Certification:

I have examined this completed form, and the information contained in it is complete and correct.

Signature

Date signed

 Signer's name and title, typed or printed

 MCLA 500.2932 requires completion of this form by all Property and Casualty Insurers.

Visit OFIS on the Web at:
www.michigan.gov/ofis



Michigan Department of Consumer & Industry Services
OServing Michigan... ServingYou



Phone OFIS toll-free at:
1-877-999-6442

The Department of Consumer & Industry Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

**Municipal/Liquor Liability Report of
Premiums and Losses for Michigan**

Bar Code Required - Place Bar Code Here

Name of Company

NAIC Group number

NAIC Company code

This is a supplemental breakdown of premiums and losses entered on the Annual Statement, Page 26, Line 17.

REPORT MICHIGAN BUSINESS ONLY If no business was written, enter "none"	Column 1 Direct premiums Written	Column 2 Direct premiums Earned	Column 3 Dividends Paid or Credited	Column 5 Direct Losses Paid	Column 6 Direct Losses Incurred
Municipal Liability see Note 1					
Liquor Liability see Note 2					

Note 1- Include the municipal liability portion of any policy for which the premiums for municipal liability are separately stated. Include all indivisible premium policies for which at least one-half of the premium is for municipal liability.

Note 2- Do not include Owners, Landlords & Tenants (OL & T) premiums, losses or dividends.

**RETURN COMPLETED REPORT TO OFFICE OF FINANCIAL AND INSURANCE SERVICES (OFIS)
WITH YOUR ANNUAL STATEMENT FILING, OR MAIL TO:**

OFIS-Policy Division
P.O. BOX 30220
LANSING MI 48909-7720

For courier delivery, send to:

OFIS-Policy Division
611 W. Ottawa
LANSING MI 48933

If you have questions about this form, contact Russ LaCoursier at OFIS: (517)-373-7226 or toll-free at 1-877-999-6442.

Complaint and Grievance Summary for Health Carriers

page 1 of 2

Complete each table in this report based on complaints/grievances that were resolved (closed) in the calendar report year.

Filing is required for:
All commercial insurers, HMOs,
AFDS and BCBSM

2003
DUE
April 1, 2004

Bar Code Required - Place Bar Code Here

Name of Company	NAIC Group number and Company code	Filing company is (select only one): <input type="checkbox"/> A commercial insurer <input type="checkbox"/> An HMO, AFDS or BCBSM
-----------------	------------------------------------	---

Instructions for Table 1: Do not report expedited reviews on this table.

Provide the number of Complaints/Grievances by decision for each level. If a health carrier has more than 3 levels of review, group them with level 3. If a health carrier does not have a level of review shown in the table, enter NA (for not applicable). Compile data based on the full calendar year.

For the purpose of this report, use Adverse Determination as defined in Section 550.1903(a) and Grievance as defined in Section 500.2213(4)(b) of the Insurance Code [BCBSM is Rule R550.101(e)].

Table 1	Grievances NOT resulting from adverse determinations or denials Please enter total number held at each level		Health Carrier position upheld	Health Carrier position overturned	Compromise resolution reached	Total Decisions made
			Level 1			
			Level 2			
			Level 3			
	Grievances resulting from adverse determinations or denials Please enter total number held at each level		Health Carrier position upheld	Health Carrier position overturned	Compromise resolution reached	Total Decisions made
			Level 1			
			Level 2			
			Level 3			

How many grievances took longer than the statutory timeframe as provided in Section 500.2213 [BCBSM is Section 550.1404(2)(a)] of the Insurance Code to make a final written determination?



For each grievance that took more than the statutory timeframe to make a final written determination as provided in Section 500.2213(1)(k), [BCBSM is Section 550.1404(2)(a)], provide the following information: (prepare a report that provides this data in the order given)

- 1-1. Grievant's name
- 1-2. Date grievance was filed.
- 1-3. Date final decision was rendered.
- 1-4. Number of calendar days (excluding allowable tolled days) from date filed to render a final decision.
- 1-5. Summarize the reason(s) the statutory timeframe was exceeded.

Instructions for Table 2: Do not report expedited grievances. Do not report external reviews involving Medicaid, Medicare Supplement, or Medicare+Choice coverages. The "Grievance Terminated" column refers to external reviews terminated by the health carrier as a result of reconsideration by the health carrier. Section 550.1923(3) of the Insurance Code, the Patient's Right to Independent Review Act (PRIRA) requires each health carrier to annually report all requests for external review.

Table 2	External Reviews Non-Expedited	Health Carrier position upheld	Health Carrier position overturned	Compromise resolution reached	Grievance Terminated	Total Decisions made
	Total for reporting period					

Instructions for Table 3: Report only the number of Expedited Internal Reviews. Expedited grievances are defined in Section 550.2213(1)(l) [BCBSM is 550.1404(4)] of the Insurance Code

Table 3	Internal Reviews Expedited	Health Carrier position upheld	Health Carrier position overturned	Compromise resolution reached	Grievance Terminated	Total Decisions made
	Total for reporting period					

Instructions for Table 4: Do not report expedited grievances reviewed internally. Do not report external reviews involving Medicaid, Medicare Supplement, or Medicare+Choice coverages. Section 550.1923(3) of the insurance Code, PRIRA requires each health carrier to annually report all requests for external review.

Table 4	External Reviews Expedited	Health Carrier position upheld	Health Carrier position overturned	Compromise resolution reached	Total Decisions made
	Total for reporting period				

All Health Carriers:

Attach a self-generated report that summarizes and analyzes the categories, types and numbers of complaints and grievances, resulting from adverse and non-adverse determinations and external reviews addressed during the reporting year.

Certification

I certify that I am an officer of the company named in this report, and that I have authority to prepare and file this report. I have examined this report thoroughly, and it is true, complete and correct to the best of my knowledge and belief.

Signature of Officer		Date signed	Person and phone number to contact regarding this report
Signer's name and title typed or printed			
Signer phone number	Signer EMail address		Contact Person EMail address

PA 218 of 1956, PA 350 of 1983 and PA 251 of 2000, as amended requires submission of this form by all licensed health carriers. Failure to complete and submit this form properly could result in a compliance action or revocation of your authority to do business in Michigan.

Return completed report on or before April 15th to:
Office of Financial and Insurance Services
Consumer Services
PO Box 30220
Lansing MI 48909-7720

Commercial Insurers:
 Address questions about this form to **Consumer Services (517) 373-0989**

HMOs, AFDS and Blue Cross Blue Shield of Michigan:
 Address questions about this form to **Health Plans Division (517) 241-2349**

Visit OFIS on the Web at:
www.michigan.gov/ofis



Michigan Department of Consumer & Industry Services
"Serving Michigan...Serving You"

Phone OFIS toll-free at:
 1-877-999-6442

The Department of Consumer & Industry Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

Michigan Health Insurance Enrollment, Premiums & Losses

Name of Company

NAIC Number

Submission Required By:
 All Property & Casualty Insurers
 All Life & Health Insurers
 All Health Maintenance Organizations
 All HMDI, All AFDS
 All Fraternal Benefit Societies

2003

DUE

3/1/04

Bar Code Required - Place Bar Code Here

Read instructions before completing form

Submit this form with your Michigan Annual Statement.

Policies in Force

Member Months

Number of Lives

Direct Premiums Written

Direct Losses Paid

Individual Business	1	Major Medical-PPA					
	2	Major Medical-no PPA					
	3	Disability Income					
	4	Medicare Supplement					
	5	High Deductible w/MSA					
	6	Short term or 1-time limited duration					
	7	MIChild					
	8	Long Term Care-qualified					
	9	Long Term Care-non-qualified					
	10	Dental					
	11	Vision					
	12	Prescription Drug					
	13	Other: Identify					
	14	Total Individual					
Group Business	15	Small Employer Major Medical (<51)-PPA panel					
	16	Small Employer Major Medical (<51)-no PPA panel					
	17	Large Employer Major Medical (>50)-PPA panel					
	18	Large Employer Major Medical (>50)-no PPA panel					
	19	Union/Taft Hartley Plan Major Medical					
	20	Association Major Medical Medical					
	21	Other Group Medical: Identify					
	22	Disability Income					
	23	Medicare Supplement					
	24	High Deductible w/MSA					
	25	StopLoss/Excess Loss					
	26	Short term or 1-time limited duration					
	27	MIChild					
	28	Long Term Care-qualified					
	29	Long Term Care-non-qualified					
	30	Dental					
	31	Vision					
	32	Prescription Drug					
	33	Medicaid					
	34	Other-identify					
	35	Total Group					
	36	Grand Total (tie to state page)					

Instructions for completing form FIS 0322

All insurers with accident and health authority, disability income authority, all nonprofit health care corporations, all nonprofit dental care corporations, all health maintenance organizations, and all alternative financing and delivery systems are required to submit an accurate and complete form FIS 0322. Industry analysts, policy makers and researchers use these data to understand more about Michigan's health insurance market. You must submit a form by the due date, even if your company has had no activity during the year.

The grand totals on this form must equal amounts reported as Michigan business on your annual statement, as shown below:

Property & Casualty Statement-Grand Totals to equal sum of lines 13 through 15.7 on page 26

Life & Accident & Health Statement-Grand Totals to equal line 26 on page 30

Fraternal Statement-Grand Totals to equal line 26 on page 29

Health Statement-Grand Totals to equal totals on the Exhibit of Premiums Enrollment and Utilization and totals on the Underwriting and Investment Exhibit, Part 1.

All monetary amounts must be reported in whole dollars.

Column Instructions:

Column 1-Report the number of policies and group agreements in force as of December 31 of the reporting year. This is the number of individual policies or group policies in force that cover any Michigan citizens, not the number of lives covered under those policies.

Column 2-A member month is coverage for one month for one covered person. It is a measure of exposure. Member months includes dependents as well as a named insureds or subscribers.

Column 3-Total number of Michigan lives as of December 31 of the reporting year. This number is the total of the policyholders/subscribers plus all covered dependents, including spouses.

Column 4-Direct Premium Written. This amount should include premiums for the full policy term arising from policies written during the year.

Column 5-Direct losses paid include all claims on direct business paid during the year.

Line Instructions:

Lines 1 through 5- Major Medical includes major medical, comprehensive medical and other hospital-surgical-medical benefit plans designed to be the insured's primary healthcare coverage. The term does not include short-term or 1-time limited duration coverage, accident-only, specified disease, individual hospital indemnity, credit, dental-only, visual only, prescription drug only, Medicare supplement, Medicare + Choice, long-term care, disability income insurance,

MIChild, coverage issued as a supplement to liability insurance, workers compensation or similar insurance, or automobile medical-payment insurance.

Lines 6 and 26-A short term or 1-time limited duration policy is an individual health policy or certificate that does not cover pre-existing conditions and is issued to provide coverage for a period of 185 days or less, except that the health policy may permit a limited extension of benefits after the date the policy ended solely for expenses attributable to a condition for which a covered person incurred expenses during the term of the policy. It must be nonrenewable, except that the health insurer may provide coverage for 1 or more subsequent 185 day or less periods, if the total of the periods of coverage do not exceed a total of 185 days out of any 365-day period, plus any additional days permitted by the policy for a condition for which a covered person incurred expenses during the term of the policy. It must be available with an immediate effective date, without underwriting, upon receipt by the insurer of a completed application indicating eligibility under the health insurer's eligibility requirements, except that coverage that includes optional benefits may be offered on a basis that does not meet this requirement. Short term individual policies should be reported in the individual section. Short term individual certificates under a group contract issued to a trust should be reported in the group section.

Line 25-Stop Loss/Excess Loss is primary insurance coverage that reimburses an employer or other sponsor of a self-funded health benefit plan for claims beyond a specified specific and/or aggregate attachment point. It does not include a minimum premium plan, which should be reported as employer, union, or association major medical business, as applicable.

Lines 8, 9, 28 and 29-Long term care. Report as qualified all long term care policies considered to be tax qualified. Such policies are guaranteed renewable, only cover qualified long-term care services, and cover only recipients certified as "chronically ill."

Lines 1, 2, 15-18-PPA means Prudent Purchase Agreement, i.e. a policy that requires or encourages the use of a particular panel of providers for benefits under a policy or contract.

Lines 4 and 23-Medicare Supplement is defined in the NAIC annual statement instructions.

Line 5 and 24-High Deductible with MSA means a high deductible medical insurance policy designed to attach after a high deductible funded by a Medical Savings Account.

Line 20-For association business, the number of groups means the number of associations, not the number of groups within the association. The total number of lives includes all the member or employees of all the groups that make up every association covered.

Line 7 and 27-MIChild means policies issued through the MIChild program, administered by the Michigan Department of Community Health.

Address questions regarding this form to:
Office of Financial & Insurance Services
Policy Division
Toll free: (877) 999-6442
or Lansing area: (517) 373-1866

Return completed form with your Michigan Annual Statement filing or send to this address before the due date:
Office of Financial & Insurance Services
Policy Division
P.O. Box 30220
Lansing, MI 48909-7720

CERTIFICATION I certify that I am an officer of the company named in this report and that I have authority to prepare and file this report. I have examined this report thoroughly, and it is true, complete and correct to the best of my knowledge and belief.

Signature of Company Officer

Date signed

Company Officer's name and title typed or printed

Person and phone no. to contact regarding this report:

PA 218 of 1956 as amended requires filing by all insurers, HMOs and AFDS. Failure to file properly could result in a compliance action against the company.

Visit OFIS on the Web at:
www.michigan.gov/ofis



Michigan Department of Consumer & Industry Services
"Serving Michigan... Serving You"



Phone OFIS toll-free at:
1-877-999-6442

The Department of Consumer & Industry Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.

APPENDIX III:

**SUPPLEMENTAL CHECKLIST ON WHERE TO SEND
FORMS INCLUDED IN THESE INSTRUCTIONS**

WHERE TO SEND FORMS INCLUDED IN THESE INSTRUCTIONS

(Note: Forms sent to OFIS should be sent to the address previously listed in these instructions and directed to the division as indicated below)

Form	OFIS Division or Address
Qualifying Assets Form (FIS 0076, FIS 0082)	OFIS - Office of Financial Evaluation – Supervisory Affairs and Insurance Monitoring Division
ATPA Annual Assessment (FIS 0055)	Michigan Department of State Police Management Services Division 714 S. Harrison Road East Lansing, MI 48823
Assessable Premium for Michigan Assigned Claims Facility (FIS 0065)	Assigned Claims Facility Michigan Department of State 7064 Crowner Drive Lansing, MI 48918
MCCA Annual Assessment Report (FIS 0075)	James D. Lunsted, Controller Michigan Catastrophic Claims Association 17584 Laurel Park Drive North Livonia, MI 48152-3906
Assessable Premium Calculation for Michigan Basic Property (FIS 0116)	Michigan Basic Property Insurance Assn. Attn: Assessment Accounting P.O. Box 86 Detroit, MI 48231-0086
Municipal/Liquor Liability Report of Premiums and Losses for Michigan (FIS 0118)	OFIS – Office of Policy, Conduct and Consumer Assistance – Policy Division
Complaint and Grievance Summary for Health Carriers (FIS 0318)	OFIS - Office of Policy, Conduct and Consumer Assistance – Consumer Services Division
Michigan Health Insurance Enrollment, Premiums and Losses (FIS 0322)	OFIS – Office of Policy, Conduct and Consumer Assistance – Policy Division
Accident and Sickness Insurance Advertising Certificate of Compliance (per Admin. Rule 500.668)	OFIS – Office of Policy, Conduct and Consumer Assistance – Conduct Review and Securities Division

APPENDIX IV:

**LISTING OF COMPANIES FOR WHICH REINSURANCE
CREDITS ARE ALLOWED**

Companies for which Reinsurance Credits are Allowed

Use this list of COMPANIES FOR WHICH REINSURANCE CREDITS ARE ALLOWED IN MICHIGAN as of December 31, 2003 to complete the reinsurance section of the 2003 annual statement. Any company not appearing on this list is considered Unauthorized as of December 31, 2003

NAIC #	Company Name	NAIC #	Company Name	NAIC #	Company Name
12963	21st Century Ins Co	37990	Amer Empire Ins Co	61301	Ameritas Life Ins Corp
77879	5 Star Life Ins Co	20613	Amer Employers' Ins Co	97977	Ameritas Variable Life Ins Co
71854	AAA Life Ins Co	94234	Amer Enterprise Life Ins Co	10665	Ameritrust Ins Corp
22896	ACA Financial Guaranty Corp	92738	Amer Equity Investment Life Ins Co	61689	Amerus Life Ins Co
60038	ACACIA Life Ins Co	10819	Amer Equity Specialty Ins Co	27928	Amex Assurance Co
10166	Accident Fund Ins Co of Amer	23450	Amer Family Home Ins Co	42390	Amguard Ins Co
26379	Accredited Surety & Casualty Co, Inc	60380	Amer Family Life Assurance Co Of Columbus	72222	Amica Life Ins Co
22667	ACE American Ins Co	60399	Amer Family Life Ins Co	19976	Amica Mutual Ins Co
50028	ACE Capital Title Rein Co	43699	Amer Federation Ins Co	37656	Anesthesiologists Professional Assurance Co
20702	ACE Fire Underwriters Ins Co	13323	Amer Fellowship Mutual Ins Co	62421	Annuity & Life Reassurance Amer, Inc
30180	ACE Guaranty Corp	60410	Amer Fidelity Assurance Co	93661	Annuity Investors Life Ins Co
10030	ACE Indemnity Ins Co	60429	Amer Fidelity Life Ins Co	10984	Ansurs America Ins Co
20699	ACE Prop & Cas Ins Co	24066	Amer Fire And Casualty Co	85286	Anthem Alliance Health Ins Co
19984	ACIG Ins Co	56200	Amer Fraternal Union	61069	Anthem Life Ins Co
22950	Acstar Ins Co	40398	Amer Fuji Fire And Marine Ins Co	10229	APSpecialty Ins Corp
14184	Acuity, A Mutual Ins Co	68373	Amer General Assurance Co	34738	ARAG Ins Co
44318	Admiral Indemnity Co	24376	Amer General Indemnity Co	11150	Arch Ins Co
83445	Advance Ins Co	66672	Amer General Life & Accident Ins Co	10348	Arch Rein Co
33898	Aegis Security Ins Co	60488	Amer General Life Ins Co	19860	Argonaut Great Central Ins Co
78700	Aetna Health And Life Ins Co	31208	Amer General Property Ins Co	19801	Argonaut Ins Co
36153	Aetna Ins Co Of CT	26247	Amer Guarantee And Liability Ins Co	19828	Argonaut Midwest Ins Co
60054	Aetna Life Ins Co	13331	Amer Hardware Mutual Ins Co	31887	Arkwright Ins Co
10014	Affiliated FM Ins Co	60518	Amer Health And Life Ins Co	41459	Armed Forces Ins Exchange
60232	AGL Life Assurance Co	39152	Amer HealthCare Indemnity Co	56235	Assoc Of Lithuanian Workers
42757	Agri General Ins Co	60534	Amer Heritage Life Ins Co	21865	Associated Indemnity Corp
70432	AIG Annuity Ins Co	19380	Amer Home Assurance Co	87882	Associated Mutual Hospital Svc Of MI
66842	AIG Life Ins Co	60542	Amer Home Life Ins Co, The	21296	Associates Ins Co
60941	AIG SunAmer Life Assur Co	60577	Amer Income Life Ins Co	19305	Assurance Co Of Amer
19399	AIU Ins Co	21857	Amer Ins Co	71439	Assurity Life Ins Co
10957	Alamance Ins Co	32220	Amer International Ins Co	11511	Asure Worldwide Ins Co
* 44776	ALEA North America Spec Ins Co	60607	Amer International Life Asr Co Of NY	41769	Athena Assurance Co
19135	Alfa Mutual Ins Co	40258	Amer International South Ins Co	61093	Atlanta Life Ins Co
20222	All Amer Ins Co	31895	Amer Interstate Ins Co	22209	Atlantic Ins Co
82406	All Savers Ins Co	60631	Amer Investors Life Ins Co	19895	Atlantic Mutual Ins Co
13285	Alleghany Casualty Co	60704	Amer Life Ins Co Of NY	27154	Atlantic Specialty Ins Co
20273	Alliance Assurance Co Of Amer	10200	Amer Live Stock Ins Co	50687	Attorneys' Title Ins Fund, Inc
60134	Alliance Health and Life Ins Co	81213	Amer Maturity Life Ins Co	61182	Aurora National Life Assurance Co
56189	Alliance Of Poles Of Amer	67989	Amer Memorial Life Ins Co	21210	Auto Club Group Ins Co
56197	Alliance Of Transylvanian Saxons	23469	Amer Modern Home Ins Co	21202	Auto Club Ins Assn
35300	Allianz Global Risks US Ins Co	65811	Amer Modern Life Ins Co	84522	Auto Club Life Ins Co
90611	Allianz Life Ins Co Of North Amer	60739	Amer National Ins Co	19062	Automobile Ins Co Of Hartford, CT
42579	Allied Prop & Cas Ins Co	71773	Amer National Life Ins Of TX	18988	Auto-Owners Ins Co
10212	Allmerica Financial Alliance Ins Co	93653	Amer Partners Life Ins Co	61190	Auto-Owners Life Ins Co
41840	Allmerica Financial Benefit Ins Co	91785	Amer Phoenix Life And Reassurance Co	10367	Avemco Ins Co
84824	Allmerica Financial Life & Annuity Co	33006	Amer Physicians Assurance Corp	62898	Aviva Life Ins Co
70866	Allstate Assur Co	51535	Amer Pioneer Title Ins Co	10792	Avomark Ins Co
29688	Allstate Fire and Casualty Ins Co	10227	Amer Re-Ins Co	29530	AXA Art Ins Corp
19240	Allstate Indemnity Co	19615	Amer Reliable Ins Co	33022	AXA Corporate Solutions Ins Co
19232	Allstate Ins Co	60836	Amer Republic Ins Co	68365	AXA Corporate Solutions Life Rein Co
60186	Allstate Life Ins Co	19631	Amer Road Ins Co	36552	AXA Corporate Solutions Reins Co
17230	Allstate Prop & Cas Ins Co	39969	Amer Safety Casualty Ins Co	11835	AXA Re Amer Ins Co
67369	Alta Health & Life Ins Co	42978	Amer Security Ins Co	16187	AXA Re Prop & Cas Ins Co
60208	Amalgamated Life And Health Ins Co	19992	Amer Select Ins Co	20370	AXIS Reins. Co.
18708	Ambac Assurance Corp	86630	Amer Skandia Life Assurance Corp	13420	Badger Mutual Ins Co
19100	Amco Ins Co	56227	Amer Slovenian Catholic Union (KSKJ)	24813	Balboa Ins Co
10103	Amer Agricultural Ins Co	19704	Amer States Ins Co	68160	Balboa Life Ins Co
19720	Amer Alternative Ins Corp	60879	Amer States Life Ins Co	61212	Baltimore Life Ins Co
24589	Amer And Foreign Ins Co	37214	Amer States Preferred Ins Co	18538	Bancinsure, Inc
21849	Amer Automobile Ins Co	60895	Amer United Life Ins Co	61239	Bankers Fidelity Life Ins Co
10111	Amer Bankers Ins Co Of FL	40142	Amer Zurich Ins Co	61263	Bankers Life And Casualty Co
60275	Amer Bankers Life Assurance Co Of FL	17965	American Sentinel Ins Co	63932	Bankers Life Ins Co Of NY
20427	Amer Casualty Co Of Reading, PA	84697	American Specialty Health Ins Co	23132	Bankers Multiple Line Ins Co
37915	Amer Central Ins Co	61999	Americo Financial Life & Annuity Ins Co	71900	Bankers National Life Ins Co
60305	Amer Community Mutual Ins Co	94471	Americom Life & Annuity Ins Co	18279	Bankers Standard Ins Co
45934	Amer Compensation Ins Co	30872	Amerin Guaranty Corp	94250	Banner Life Ins Co
38237	Amer Country Ins Co	19488	Amerisure Ins Co	29513	Bar Plan Mutual Ins Co, The
94439	Amer Creditors Life Ins Co	23396	Amerisure Mutual Ins Co	38245	BCS Ins Co
19690	Amer Economy Ins Co	11050	Amerisure Partners Ins Co	80985	BCS Life Ins Co

* - Recognized Trustee or Accredited Reinsurer

- Recognized Trustee Reinsurer (for reinsurance agreements incepting on or after August 1, 1995)

Companies for which Reinsurance Credits are Allowed

Use this list of COMPANIES FOR WHICH REINSURANCE CREDITS ARE ALLOWED IN MICHIGAN as of December 31, 2003 to complete the reinsurance section of the 2003 annual statement. Any company not appearing on this list is considered Unauthorized as of December 31, 2003

NAIC #	Company Name	NAIC #	Company Name	NAIC #	Company Name
61395	Beneficial Life Ins Co	10315	Civic Prop & Cas Co	34924	Dakota Truck Underwriters
32603	Berkley Ins Co	20532	Clarendon National Ins Co	16705	Dealers Assurance Co
29580	Berkley Regional Ins Co	70491	Clarica Life Ins Co - U.S.	37907	Deerbrook Ins Co
62345	Berkshire Hathaway Life Ins Co Of NE	29114	CMG Mortgage Assurance Co	37184	Deerfield Ins Co
90638	Best Life & Health Ins Co	40266	CMG Mortgage Ins Co	57088	Degree Of Honor Protective Assoc
19402	Birmingham Fire Ins Co Of PA	74268	CNA Group Life Assurance Co	62634	Delaware Amer Life Ins Co
20095	Bituminous Casualty Corp	33197	Cologne Reins Co Of Amer	18813	Dentists Benefits Ins Co
20109	Bituminous Fire And Marine Ins Co	34347	Colonial Amer Casualty & Surety Co	40975	Dentists Ins Co
61476	Boston Mutual Life Ins Co	62049	Colonial Life & Accident Ins Co	42587	Depositors Ins Co
20761	Boston Old Colony Ins Co	62065	Colonial Penn Life Ins Co	12718	Developers Surety & Indemnity Co
29734	Bowling Centers Ins Corp, Inc	84786	Colorado Bankers Life Ins Co	42048	Diamond State Ins Co
19658	Bristol West Ins Co	77720	Columbia Universal Life Ins Co	36463	Discover Prop & Cas Ins Co
74900	Brokers National Life Assurance Co	76023	Columbian Life Ins Co	34495	Doctors' Co, An Interinsurance Exchange
78620	Brooke Life Ins Co	62103	Columbian Mutual Life Ins Co	33499	Dorinco Rein Co
13528	Brotherhood Mutual Ins Co	99937	Columbus Life Ins Co	36986	Eagle Pacific Ins Co
16713	Buckeye State Mutual Ins Co	62146	Combined Ins Co Of Amer	14702	EastGuard Ins Co
20788	Buckeye Union Ins Co	19410	Commerce And Industry Ins Co	22926	Economy Fire & Casualty Co
61492	Business Men's Assurance Co Of Amer	32280	Commercial Casualty Ins Co	62804	Educators Mutual Life Ins Co
93432	C.M. Life Ins Co	20818	Commercial Ins Co Of Newark, NJ	21261	Electric Ins Co
32271	California Indemnity Ins Co	* 27955	Commercial Risk Re-Ins Co	16748	Elevators Mutual Ins Co
21946	Camden Fire Ins Association	10220	Commonwealth Ins Co Of Amer	62928	EMC Nat'l Life Co.
36340	Camico Mutual Ins Co	50083	Commonwealth Land Title Ins Co	21407	Emcasco Ins Co
80659	Canada Life Assurance Co	77828	Companion Life Ins Co	21326	Empire Fire And Marine Ins Co
81060	Canada Life Ins Co of America	34711	Computer Ins Co	94285	Empire General Life Assurance Corp
10464	Canal Ins Co	73504	Congress Life Ins Co	84174	Employees Life Co (Mutual)
20877	Capital Markets Assurance Corp	62308	Connecticut General Life Ins Co	20648	Employers' Fire Ins Co
10472	Capitol Indemnity Corp	24872	Connecticut Indemnity Co	21458	Employers Ins Co Of Wausau
61581	Capitol Life Ins Co	24961	Connie Lee Ins Co	21415	Employers Mutual Casualty Co
10510	Carolina Casualty Ins Co	60682	Conseco Annuity Assurance Co	68276	Employers Reassurance Corp
11255	Caterpillar Ins Co	78174	Conseco Health Ins Co	39845	Employers Reins Corp
56022	Catholic Family Life Ins	65900	Conseco Life Ins Co	56049	Employes' Mutual Benefit Assoc
56030	Catholic Knights	76325	Conseco Senior Health Ins Co	15130	Encompass Indemnity Co
56421	Catholic Knights Of Amer	64017	Conseco Variable Ins Co	10358	Encompass Ins Co
56316	Catholic Ladies Of Columbia	22640	Consolidated Ins Co	10072	Encompass Prop & Cas Co
57487	Catholic Order Of Foresters	32190	Constitution Ins Co	* 11551	Endurance Reins Corp of Amer.
25771	CDC IXIS Fin. Guar. N.A., Inc.	62359	Constitution Life Ins Co	64149	Epic Life Ins Co
80799	Celtic Ins Co	62413	Continental Assurance Co	62952	Equitable Life & Casualty Ins Co
19909	Centennial Ins Co	20443	Continental Casualty Co	62944	Equitable Life Assurance Society Of The US
63541	Central Benefits National Life Ins Co	71404	Continental General Ins Co	62979	Equitable Life Ins Co Of IA
20230	Central Mutual Ins Co	35289	Continental Ins Co	62880	Equitable Of Colorado, Inc.
61700	Central National Life Ins Co Of Omaha	68500	Continental Life Ins Co Of Brentwood, TN	56057	Equitable Reserve Assoc
61735	Central Security Life Ins Co	28258	Continental National Indemnity Co	62510	Equitrust Life Ins Co
61751	Central States Health & Life Of Omaha	20923	Continental Reins Corp	90670	ERC Life Reins Corp
34274	Central States Indemnity Co Of Omaha	10804	Continental Western Ins Co	* 39020	Essex Ins Co
34649	Centre Ins Co	37206	Contractors Bonding And Ins Co	25712	Esurance Ins Co
80896	Centre Life Ins Co	22730	Converium Ins (North Amer), Inc	20516	Euler Amer Credit Indemnity Co
62383	Centurion Life Ins Co	39136	Converium Reins (North Amer), Inc	* 35378	Evanston Ins Co
* 36951	Century Surety Co	21318	Coregis Ins Co	10120	Everest National Ins Co
61808	Charter National Life Ins Co	72052	Corporate Health Ins Co	26921	Everest Reins Co
25615	Charter Oak Fire Ins Co	20982	Country Casualty Ins Co	12750	Evergreen National Indemnity Co
67164	Chase Life & Annuity Co	94218	Country Investors Life Assurance Co	10318	Exact Prop & Cas Co
61832	Chesapeake Life Ins Co	62553	Country Life Ins Co	13722	Excess Reins Co
22810	Chicago Ins Co	20990	Country Mutual Ins Co	10003	Excess Share Ins Corp
50229	Chicago Title Ins Co	21008	Country Preferred Ins Co	35181	Executive Risk Indemnity
12777	Chubb Indemnity Ins Co	81973	Coventry Health And Life Ins Co	21482	Factory Mutual Ins Co
10052	Chubb National Ins Co	30082	CPA Ins Co	44784	Fairfield Ins Co
10669	Church Ins Co	57983	Croatian Catholic Union Of The USA	18864	Fairmont Ins Co
18767	Church Mutual Ins Co	56634	Croatian Fraternal Union Of Amer	77968	Family Heritage Life Ins Co Of Amer
93629	CIGNA Life Ins Co	80675	Crown Life Ins Co	63053	Family Life Ins Co
22004	CIM Ins Corp	31348	Crum & Forster Indemnity Co	74004	Family Service Life Ins Co
28665	Cincinnati Casualty Co	56138	CSA Fraternal Life	21547	Farm Bureau General Ins Co Of MI
23280	Cincinnati Indemnity Co	10847	CUMIS Ins Society	63096	Farm Bureau Life Ins Co Of MI
10677	Cincinnati Ins Co	62626	CUNA Mutual Ins Society	21555	Farm Bureau Mutual Ins Co Of MI
76236	Cincinnati Life Ins Co	65749	CUNA Mutual Life Ins Co	30341	Farmers & Merchants Mutual Fire Ins
80322	Citicorp Life Ins Co	* 10291	CX Reins Co Ltd	19194	Farmers Alliance Mutual Ins Co
31534	Citizens Ins Co Of Amer	56324	Czech Catholic Union	63193	Farmers And Traders Life Ins Co
10176	Citizens Ins Co Of OH	10499	DaimlerChrysler Ins Co	21636	Farmers Ins Co Of OR
10395	Citizens Ins Co Of The Midwest	21164	Dairyland Ins Co	21652	Farmers Ins Exchange

* - Recognized Trusteed or Accredited Reinsurer

- Recognized Trusteed Reinsurer (for reinsurance agreements inepting on or after August 1, 1995)

Companies for which Reinsurance Credits are Allowed

Use this list of COMPANIES FOR WHICH REINSURANCE CREDITS ARE ALLOWED IN MICHIGAN as of December 31, 2003 to complete the reinsurance section of the 2003 annual statement. Any company not appearing on this list is considered Unauthorized as of December 31, 2003

NAIC #	Company Name	NAIC #	Company Name	NAIC #	Company Name
36889	Farmers Ins Of Columbus, Inc	38830	Fort Wayne Health & Casualty Ins Co	63312	Great Amer Life Ins Co
33448	Farmers Mutual Fire Ins Co Of Branch Cnty	70408	Fortis Benefits Ins Co	31135	Great Amer Security Ins Co
13897	Farmers Mutual Hail Ins Co Of IA	69477	Fortis Ins Co	33723	Great Amer Spirit Ins Co
30368	Farmers' Mutual Ins Co	10801	Fortress Ins Co	25224	Great Divide Ins Co
63177	Farmers New World Life Ins Co	10985	Fortuity Ins Co	10787	Great Lakes Casualty Ins Co
41483	Farmington Casualty Co	14249	Founders Ins Co	90301	Great Lakes Delta Ins Co
13838	Farmland Mutual Ins Co	18180	Founders Ins Co Of MI	30384	Great Lakes Mutual Ins Co
67695	Federal Home Life Ins Co	13986	Frankenmuth Mutual Ins Co	18694	Great Midwest Ins Co
20281	Federal Ins Co	62324	Freedom Life Ins Co Of Amer	20303	Great Northern Ins Co
63207	Federal Kemper Life Assurance Co	13994	Fremont Mutual Ins Co	90212	Great Southern Life Ins Co
63223	Federal Life Ins Co (Mutual)	38652	G.U.I.C. Ins. Co.	11371	Great West Casualty Co
63258	Federated Life Ins Co	63657	Garden State Life Ins Co	71480	Great Western Ins Co
13935	Federated Mutual Ins Co	21253	Garrison Prop & Casualty Ins Co.	56685	Greater Beneficial Union Of Pittsburgh
11118	Federated Rural Electric Ins Exchange	20796	GE Casualty Ins Co	22187	Greater New York Mutual Ins Co
28304	Federated Service Ins Co	80926	GE Group Life Assurance Co	68322	Great-West Life & Annuity Ins Co
56065	Federation Life Ins Of Amer	65536	GE Life and Annuity Assurance Co	80705	Great-West Life Assurance Co
43460	FFG Ins Co	34789	GE Prop & Cas Ins Co	56693	Greek Catholic Union Of The USA
35270	Fidelity & Casualty Co Of NY	22969	GE Rein Corp	22322	Greenwich Ins Co
39306	Fidelity & Deposit Co Of MD	29823	GE Residential Mortgage Ins Corp Of NC	40541	Grocers Ins Co
35386	Fidelity & Guaranty Ins Co	35882	GEICO General Ins Co	64203	Guarantee Reserve Life Ins Co
25879	Fidelity & Guaranty Ins Underwriters, Inc	22055	GEICO Indemnity Co	50180	Guarantee Title & Trust Co
63274	Fidelity & Guaranty Life Ins Co	86258	General & Cologne Life Re Of Amer	64211	Guarantee Trust Life Ins Co
93696	Fidelity Investments Life Ins Co	63665	General Amer Life Ins Co	64238	Guaranty Income Life Ins Co
63290	Fidelity Life Association	18821	General Cas Co of IL	11401	Guaranty National Ins Co
25180	Fidelity National Ins Co	24414	General Casualty Co Of WI	78778	Guardian Ins & Annuity Co
51586	Fidelity National Title Ins Co	41432	General Elec Home Equity Ins Corp Of NC	64246	Guardian Life Ins Co Of Amer
51071	Fidelity National Title Ins Co Of NY	70025	General Electric Capital Assurance Co	15032	Guideone Mutual Ins Co
71870	Fidelity Security Life Ins Co	38458	General Electric Mortgage Ins Corp	14559	Guideone Specialty Mutual Ins Co
71455	Financial American Life Ins Co	16675	General Electric Mortgage Ins Corp Of NC	22217	Gulf Ins Co
98213	Financial Benefit Life Ins Co	93521	General Fidelity Life Ins Co	14125	Hamilton Mut Ins Co Of Cincinnati, OH
12815	Financial Guaranty Ins Co	24732	General Ins Co Of Amer	88340	Hannover Life Reassur Co Of Amer
19852	Financial Indemnity Co	22039	General Reins Corp	* 10241	Hannover Ruckversicherungs (US Rein Trust)
18287	Financial Security Assurance Inc	39322	General Security National Ins Co	22292	Hanover Ins Co
24880	Fire & Casualty Ins Co Of CT	11967	General Star National Ins Co	26433	Harco National Ins Co
21660	Fire Ins Exchange	11231	Generali	23582	Harleysville Ins Co
21873	Fireman's Fund Ins Co	97071	Generali USA Life Reassur. Co.	42900	Harleysville Ins Co Of NJ
38474	Fireman's Fund Ins Co Of NE	38962	Genesis Ins Co	33235	Harleysville Ins Co Of NY
37273	Fireman's Fund Ins Co Of WI	70939	Gerber Life Ins Co	10060	Harleysville Ins Co Of OH
20850	Firemen's Ins Co Of Newark, NJ	41343	Gerling Amer Ins Co	14516	Harleysville Lake States Ins Co
69140	First Allmerica Financial Life Ins Co	92673	Gerling Global Life Ins Co	64327	Harleysville Life Ins Co
37710	First Amer Prop & Cas Ins Co	87017	Gerling Global Life Rein Co	14168	Harleysville Mutual Ins Co
50814	First Amer Title Ins Co	21032	Gerling Global Rein Corp Of Amer	40983	Harleysville Pennland Ins Co
51039	First American Title Ins Co Of NY	11266	Gerling Global Reins Corp	35696	Harleysville Preferred Ins Co
56332	First Catholic Slovak Ladies Assoc Of The USA	25422	Gerling NCM Credit Ins, Inc	26182	Harleysville Worcester Ins Co
56340	First Catholic Slovak Union Of The USA	11282	Germantown Ins Co	13382	Harleysville-Atlantic Ins Co
29980	First Colonial Ins Co	14036	Germantown Mutual Ins Co	60348	Hart Life Ins Co
63401	First Colony Life Ins Co	56154	Gleaner Life Ins Society	22357	Hartford Accident And Indemnity Co
16578	First Community Ins Co	70092	Glenbrook Life And Annuity Co	29424	Hartford Casualty Ins Co
11177	First Financial Ins Co	34622	Glens Falls Ins Co	19682	Hartford Fire Ins Co
90328	First Health Life & Health Ins Co	24600	Globe Indemnity Co	37478	Hartford Ins Co Of The Midwest
63495	First Investors Life Ins Co	91472	Globe Life And Accident Ins Co	93505	Hartford Int'l Life Reassur Corp
33588	First Liberty Ins Corp	11054	GMAC Direct Ins Co	70815	Hartford Life And Accident Ins Co
10657	First Mercury Ins Co	11044	GMAC Ins Co Online, Inc	71153	Hartford Life and Annuity Ins Co
24724	First National Ins Co Of Amer	80942	Golden Amer Life Ins Co	88072	Hartford Life Ins Co
10859	First Nonprofit Ins Co	62286	Golden Rule Ins Co	11452	Hartford Steam Boiler Inspect & Ins Co
67652	First Penn-Pacific Life Ins Co	63924	Golden State Mutual Life Ins Co	29890	Hartford Steam Boiler Inspect & Ins Co of CT
33383	First Professionals Ins Co, Inc	14044	Goodville Mutual Casualty Co	30104	Hartford Underwriters Ins Co
81434	First Rehabilitation Life Ins Co Of Amer	22063	Government Employees Ins Co	14176	Hastings Mutual Ins Co
28519	First Sealoard Surety, Inc.	63967	Government Personnel Mutual Life Ins Co	36919	Hawkeye-Security Ins Co
77984	First Variable Life Ins Co	11136	Grange Ins Co of Michigan	92711	HCC Life Ins Co
13978	Florists' Mutual Ins Co	71218	Grange Life Ins Co	78611	HCSC Ins Services Co
38776	Folksamerica Reins Co	* 14060	Grange Mutual Casualty Co	71714	HealthSource Ins Co
11185	Foremost Ins Co Grand Rapids	23809	Granite State Ins Co	39527	Heritage Indemnity Co
11800	Foremost Prop & Cas Ins Co	36307	Gray Ins Co, The	64394	Heritage Life Ins Co
41513	Foremost Signature Ins Co	26832	Great Amer Alliance Ins Co	35599	Highmark Casualty Ins Co
79677	Forethought Life Assurance Co	26344	Great Amer Assurance Co	93440	Highmark Life Ins Co
91642	Forethought Life Ins Co	16691	Great Amer Ins Co	57770	Holy Family Society Of The USA
71129	Fort Dearborn Life Ins Co	22136	Great Amer Ins Co Of NY	21741	Homeland Central Ins Co

* - Recognized Trustee or Accredited Reinsurer

- Recognized Trustee Reinsurer (for reinsurance agreements incepting on or after August 1, 1995)

Companies for which Reinsurance Credits are Allowed

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NAIC #	Company Name	NAIC #	Company Name	NAIC #	Company Name
26638	Home-Owners Ins Co	90557	Kemper Investors Life Ins Co	14494	Merchants Bonding Co
17221	Homesite Ins Co	58033	Knights Of Columbus	23337	Merchants Ins Co of NH, Inc.
13927	Homesite Ins Co Of The Midwest	56715	Ladies PA Slovak Catholic Union	23329	Merchants Mutual Ins Co
64505	Homesteaders Life Co	65242	Lafayette Life Ins Co	23353	Meridian Security Ins Co
22578	Horace Mann Ins Co	26077	Lancer Ins Co	65951	Merit Life Ins Co
64513	Horace Mann Life Ins Co	35246	Laurier Indemnity Co	24821	Meritplan Ins Co
22756	Horace Mann Prop & Cas Ins Co	50024	Lawyers Title Ins Corp	79022	Merrill Lynch Life Ins Co
93777	Household Life Ins Company	11738	Leader Ins Co	93513	MetLife Investors Ins Co
* 42374	Houston Casualty Co	13307	Lexon Ins Co	61050	MetLife Investors USA Ins Co
25054	Hudson Ins Co	68543	Liberty Bankers Life Ins Co	25321	Metropolitan Direct Prop & Cas Ins Co
73288	Humana Ins Co	42404	Liberty Ins Corp	39950	Metropolitan General Ins Co
70580	HumanaDental Ins Co	19917	Liberty Ins Underwriters Inc	34339	Metropolitan Grp Prop & Cas Ins Co
56553	Hungarian Reformed Federation Of Amer	65315	Liberty Life Assurance Co Of Boston	86428	Metropolitan Ins And Annuity Co
81450	IBA Health & Life Assurance Co	65323	Liberty Life Ins Co	65978	Metropolitan Life Ins Co
97764	Idealife Ins Co	23035	Liberty Mutual Fire Ins Co	26298	Metropolitan Prop & Cas Ins Co
65005	IDS Life Ins Co	23043	Liberty Mutual Ins Co	97136	Metropolitan Tower Life Ins Co
64580	Illinois Mutual Life Ins Co	65331	Liberty National Life Ins Co	40150	MGA Ins Co
23817	Illinois National Ins Co	11746	Liberty Personal Ins Co	22594	MGIC Assurance Corp
43575	Indemnity Ins Co Of North Amer	66753	Liberty Union Life Assurance Co	10682	MGIC Credit Assurance Corp
64602	Independence Life And Annuity Co	65498	Life Ins Co Of North Amer	18740	MGIC Indemnity Corp
29831	Independent Mutual Fire Ins Co	65528	Life Ins Co Of The Southwest	33111	MHA Ins Co
58068	Independent Order Of Foresters	64130	Life Investors Ins Co Of Amer	10209	MI Automobile Ins Placement Facility
57509	Independent Order Of Vikings	65595	Lincoln Benefit Life Co	34029	MI Basic Property Ins Assn
22659	Indiana Ins Co	65668	Lincoln Direct Life Ins Co	99992	MI Catastrophic Claims Association
14265	Indiana Lumbermen's Mutual Ins Co	33855	Lincoln General Ins Co	10998	MI Construction Industry Mutual Ins Co
64645	Indianapolis Life Ins Co	65927	Lincoln Heritage Life Ins Co	10857	MI Insurance Co
81779	Individual Assurance Co Life, Hlth & Acc	65676	Lincoln National Life Ins Co	14508	MI Millers Mutual Ins Co
22268	Infinity Ins Co	58262	Lithuanian Alliance Of Amer	31429	MI Professional Ins Exchange
76953	ING Ins Co Of Amer	##	Lloyd's Underwriters At London, Sp Synd	38660	MIC General Ins Corp
86509	ING Life Ins and Annuity Co	33600	LM Ins Corp	85561	MIC Life Ins Corp
26700	Ins Co Of IL	87920	Locomotive Engineers & Conductors	38601	MIC Prop & Cas Ins Corp
22713	Ins Co Of North Amer	83550	London Life Ins Co	21687	Mid-Century Ins Co
19429	Ins Co Of The State Of PA	76694	London Life Reins Co	23434	Middlesex Ins Co
27847	Ins Co Of The West	65722	Loyal Amer Life Ins Co	14532	Middlesex Mutual Assur Co
37257	Ins Corp Of Hannover	56758	Loyal Christian Benefit Assoc	66044	Midland National Life Ins Co
18341	Ins Corp Of NY	23108	Lumbermen'S Underwriting Alliance	36650	Mid-State Surety Corp
10927	Insurance Corp Of Amer	35769	Lyndon Property Ins Co	23612	Midwest Employers Casualty Co
81868	Insurance Investors Life Ins Co	65781	Madison National Life Ins Co	66087	Mid-West National Life Ins Co Of TN
29742	Integon National Ins Co	65870	Manhattan Life Ins Co	79480	Midwest Security Life Ins Co
74780	Integrity Life Ins Co	67083	Manhattan National Life Ins Co	23515	Midwestern Indemnity Co
11592	International Fidelity Ins Co	36897	Manufacturers Alliance Ins Co	66109	Midwestern United Life Ins Co
22829	Interstate Fire & Casualty Co	65838	Manufacturers Life Ins Co (USA), The	61522	MII Life, Incorporated
24139	Int'l Business & Mercantile Reassur Co	87793	Manufacturers Life Ins Co Of Amer	14583	Millers First Ins Co
64831	Intramercia Life Ins Co	* 23876	Mapfre Reins Corp	* 14591	Milwaukee Mutual Ins Co
10749	Intrepid Ins Co	29998	Marine Indemnity Ins Co Of Amer	42234	Minnesota Lawyers Mutual Ins Co
64890	Investors Guaranty Life Ins Co	28932	Markel Amer Ins Co	66168	Minnesota Life Ins Co
64904	Investors Heritage Life Ins Co	38970	Markel Ins Co	20362	Mitsui Sumitomo Ins Co of Amer
64939	Investors Ins. Corp	19356	Maryland Casualty Co	22551	Mitsui Sumitomo Ins Usa Inc
63487	Investors Life Ins Co Of North Amer	22306	Massachusetts Bay Ins Co	30139	MLBA Mutual Ins Co
93610	Investors Partner Life Ins Co	65935	Massachusetts Mutual Life Ins Co	74209	MMA Ins Co
50369	Investors Title Ins Co	12041	MBIA Ins Corp	70416	MML Bay State Life Ins Co
65056	Jackson National Life Ins Co	23825	MBIA Ins Corp. Of IL	23655	Modern Service Ins Co
60140	Jackson National Life Ins Co Of NY	69515	Medamerica Ins Co	57541	Modern Woodmen Of Amer
11630	Jefferson Ins Co	63762	Medco Containment Life Ins Co	32506	Monroe Guaranty Ins Co
70254	Jefferson Pilot Financial Ins Co	33391	Medical Assurance Co, Inc (The)	32077	Montgomery Ward Ins Co
62057	Jefferson Pilot LifeAmerica Ins Co	34231	Medical Liability Mutual Ins Co	31232	Monumental General Casualty Co
67865	Jefferson-Pilot Life Ins Co	68991	Medical Life Ins Co	66281	Monumental Life Ins Co
14354	Jewelers Mutual Ins Co	* 32328	Medical Mutual Liability Ins Society Of MD	66370	Mony Life Ins Co
65080	John Alden Life Ins Co	11843	Medical Protective Co	78077	Mony Life Ins Co Of Amer
65099	John Hancock Life Ins Co	71471	Medico Life Ins Co	29858	Mortgage Guaranty Ins Corp
90204	John Hancock Variable Life Ins Co	22241	Medmarc Casualty Ins Co	66311	Motorists Life Ins Co
65110	Kanawha Ins Co	32089	Medmarc Mutual Ins Co	14621	Motorists Mutual Ins Co
15962	Kansas Bankers Surety Co	16101	MEEMIC Ins Co	22012	Motors Ins Corp
20885	Kansas City Fire And Marine Ins Co	97055	Mega Life And Health Ins Co	66427	MTL Ins Co
65129	Kansas City Life Ins Co	86126	Members Life Ins Co	66346	Munich Amer Reassurance Co
10915	Kemper Auto & Home Ins Co	21229	MemberSelect Ins Co	88668	Mutual Of Amer Life Ins Co
15563	Kemper Employers Ins Co	57991	Mennonite Mutual Aid Assoc	62669	Mutual Of Detroit Ins Co
10914	Kemper Independence Ins Co	31968	Merastar Ins Co	71412	Mutual Of Omaha Ins Co

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- Recognized Trusteed Reinsurer (for reinsurance agreements incepting on or after August 1, 1995)

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31119	Mutual Protective Ins Co	68349	North Amer Ins Co	14974	Pennsylvania Lumbermens Mut Ins Co
23647	Mutual Service Casualty Ins Co	29874	North Amer Specialty Ins Co	12262	Pennsylvania Manu Assoc Ins Co
66419	Mutual Service Life Ins Co	67040	North Central Life Ins Co	41424	Pennsylvania Manufacturers Indemnity Co
11878	Mutualaid Exchange	27740	North Pointe Ins Co	14990	Pennsylvania National Mutual Cas Ins Co
23663	National Amer Ins Co	21105	North River Ins Co	66605	Peoples Benefit Life Ins Co
61409	National Benefit Life Ins Co	22047	North Star Reins Corp	12297	Petroleum Casualty Co
20893	National Ben-Franklin Ins Co Of IL	36455	Northbrook Indemnity Co	90247	Pharmacists Life Ins Co
11991	National Casualty Co	38369	Northern Assurance Co Of Amer	13714	Pharmacists Mutual Ins Co
57568	National Catholic Society Of Foresters	19372	Northern Ins Co Of NY	18058	Philadelphia Indemnity Ins Co
10243	National Continental Ins Co	30376	Northern Mutual Ins Co	67792	Philadelphia-United Life Ins Co
66540	National Farmers Union Life Ins Co	24031	Northland Casualty Co	93548	PHL Variable Ins Co
16217	National Farmers Union Prop & Cas Co	24015	Northland Ins Co	35262	Phoenix Assurance Co Of NY
23752	National Farmers Union Standard Ins Co	69000	Northwestern Long Term Care Ins Co	25623	Phoenix Ins Co
15679	National Fire & Indemnity Exchange	67091	Northwestern Mutual Life Ins Co	93734	Phoenix Life And Annuity Co
20478	National Fire Ins Co Of Hartford	81353	NYLIFE Ins Co Of AZ	67814	Phoenix Life Ins Co
57576	National Fraternal Society Of The Deaf	67148	Occidental Life Ins Co Of NC	69647	Phoenix National Ins Co
42447	National General Assurance Company	23680	Odyssey Amer Rein Corp	23400	Physicians Ins Co of Wisconsin, Inc
23728	National General Ins Co	25070	Odyssey Reins Corp	72125	Physicians Life Ins Co
14788	National Grange Mutual Ins Co	35602	OHIC Ins Co	80578	Physicians Mutual Ins Co
66583	National Guardian Life Ins Co	24074	Ohio Casualty Ins Co	67911	Pioneer Mutual Life Ins Co
82538	National Health Ins Co	24104	Ohio Farmers' Ins Co	18309	Pioneer State Mutual Ins Co
20087	National Indemnity Co	26565	Ohio Indemnity Co	10357	Platinum Under Reins, Inc
30155	National Ins Co Of Wisconsin, Inc	89206	Ohio National Life Assurance Corp	18619	Platte River Ins Co
32620	National Interstate Ins Co	67172	Ohio National Life Ins Co	39675	PMA Capital Ins Co
20052	National Liability & Fire Ins Co	24082	Ohio Security Ins Co	27251	PMI Mortgage Ins Co
66680	National Life Ins Co	67199	Old Amer Ins Co	14460	Podiatry Ins CO OF Amer (RRG), A Mutual Co
56073	National Mutual Benefit	24147	Old Republic Ins Co	56820	Polish Falcons Of Amer
34835	National Reins Corp	67261	Old Republic Life Ins Co	57274	Polish National Alliance Of Brooklyn, USA
60593	National States Ins Co	50520	Old Republic National Title Ins Co	57622	Polish National Alliance Of The USA
21881	National Surety Corp	37060	Old United Casualty Co	56839	Polish National Union Of Amer
19445	National Union Fire Ins Co Of Pittsburgh	76007	Old United Life Ins Co	57630	Polish Roman Catholic Union Of Amer
66850	National Western Life Ins Co	37540	Omaha Prop & Cas Ins Co	57282	Polish Union Of Amer
28223	Nationwide Agribusiness Ins Co	20621	OneBeacon Amer Ins Co	56847	Polish Union Of The US Of North Amer
23760	Nationwide General Ins Co	21970	OneBeacon Ins Co	57649	Polish Women's Alliance Of Amer
25453	Nationwide Ins Co Of Amer	88099	Optimum Re Ins Co	40134	Potomac Ins Co Of IL
70750	Nationwide Life & Annuity Co of Amer	56383	Order Of United Comm Travelers Of Amer	36234	Preferred Professional Ins Co
92657	Nationwide Life And Annuity Ins Co	56987	Orthodox Society Of Amer	68039	Presidential Life Ins Co
66869	Nationwide Life Ins Co	10019	Overseas Partners US Rein Co	65919	Primerica Life Ins Co
68225	Nationwide Life Ins Co of Amer	32700	Owners Ins Co	42226	Princeton Ins Co
23779	Nationwide Mutual Fire Ins Co	76112	Oxford Life Ins Co	61271	Principal Life Ins Co
23787	Nationwide Mutual Ins Co	67393	Ozark National Life Ins Co	37095	Private Residential Mortgage Ins Corp
37877	Nationwide Prop & Cas Ins Co	22748	Pacific Employers Ins Co	34312	Producers Agriculture Ins Co
42307	Navigators Ins Co	20346	Pacific Indemnity Co	68047	Professional Ins Co
67032	NC Mutual Life Ins Co	97268	Pacific Life & Annuity Co	29017	Professionals Advocate Ins Co
15865	NCMIC Mutual Ins Co	67466	Pacific Life Ins Co	25585	Professionals Direct Ins Co
10317	Neighborhood Spirit Prop & Cas Co	37850	Pacific Specialty Ins Co	24252	Progressive Amer Ins Co
24171	Netherlands Ins Co	70785	Pacificare Life And Health Ins Co	71161	Progressive Amer Life Ins Co
21830	New England Ins Co	10222	PACO Assurance Co, Inc	24260	Progressive Casualty Ins Co
91626	New England Life Ins Co	93459	Pan-Amer Assurance Co	42994	Progressive Classic Ins Co
41629	New England Reins Corp	67539	Pan-Amer Life Ins Co	* 42412	Progressive Gulf Ins Co
23833	New Hampshire Indemnity Co, Inc.	93564	Paragon Life Ins Co	10187	Progressive Michigan Ins Co
23841	New Hampshire Ins Co	60003	Park Avenue Life Ins Co	* 35190	Progressive Mountain Ins Co
* 35432	New Jersey Re-Ins Co	38636	Partner Rein Co Of The US	* 38628	Progressive Northern Ins Co
97705	New York Life And Health Ins Co	10006	Partnerre Ins Co Of NY	* 42919	Progressive Northwestern Ins Co
91596	New York Life Ins And Annuity Corp	13439	Partners Mutual Ins Co	37834	Progressive Preferred Ins Co
66915	New York Life Ins Co	23442	Patriot General Ins Co	32786	Progressive Specialty Ins Co
16608	New York Marine And General Ins Co	67598	Paul Revere Life Ins Co	38954	Pronational Ins Co
97241	NGL Amer Life Ins Co	67601	Paul Revere Variable Annuity Ins Co	34690	Prop & Cas Ins Co Of Hartford
35106	Niagara Fire Ins Co	18333	Peerless Indemnity Ins Co	32905	Property-Owners Ins Co
32301	Nichido Fire & Marine Co, Ltd	24198	Peerless Ins Co	12416	Protective Ins Co
81264	Nippon Life Ins Co Of Amer	67628	Pekin Life Ins Co	88536	Protective Life & Annuity Ins Co
12190	Nipponkoa Ins Co Of Amer	93262	Penn Ins And Annuity Co	68136	Protective Life Ins Co
27073	Nipponkoa Ins Co, Ltd (US Branch)	14982	Penn Millers Ins Co	56863	Providence Assoc of the Ukra
27905	NLC Mutual Ins Co	67644	Penn Mutual Life Ins Co	24295	Providence Washington Ins Co
33200	Norcal Mutual Ins Co	63282	Penn treaty Network Amer Ins Co	35726	Providence Washington Ins Co Of NY
31470	Norguard Ins Co	32859	Penn-Amer Ins Co	68195	Provident Life And Accident Ins Co
66974	North Amer Co For Life & Health Ins	21962	Pennsylvania General Ins Co	79227	Pruco Life Ins Co
29700	North Amer Elite Ins Co	67660	Pennsylvania Life Ins Co	36439	Prudential Commercial Ins Co

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Companies for which Reinsurance Credits are Allowed

Use this list of COMPANIES FOR WHICH REINSURANCE CREDITS ARE ALLOWED IN MICHIGAN as of December 31, 2003 to complete the reinsurance section of the 2003 annual statement. Any company not appearing on this list is considered Unauthorized as of December 31, 2003

NAIC #	Company Name	NAIC #	Company Name	NAIC #	Company Name
36447	Prudential General Ins Co	68772	Security Mutual Life Ins Co Of NY	12866	T.H.E. Ins Co
68241	Prudential Ins Co Of Amer	69485	Security National Life Ins Co	69345	Teachers Ins & Annuity Assoc Of Amer
32352	Prudential Prop & Cas Ins Co	50857	Security Union Title Ins Co	22683	Teachers Ins Co
66133	Prudential Select Life Ins Co Of Amer	22233	Select Ins Co	69604	Templeton Funds Annuity Co
35157	Putnam Reins Co	12572	Selective Ins Co Of Amer	69396	Texas Life Ins Co
29807	PXRE Reins Co	13730	Selective Ins Co Of NY	56014	Thrivent Financial For Lutherans
68284	Pyramid Life Ins Co	19259	Selective Ins Co Of SC	97721	Thrivent Life Ins Co
39217	QBE Ins Corp	39926	Selective Ins Co Of the Southeast	60142	TIAA-CREF Life Ins Co
10219	QBE Reins Corp	26301	Selective Way Ins Co	50067	Ticor Title Ins Co
10829	Quadrant Indemnity Co	10936	Seneca Ins Co	25496	TIG Indemnity Co
36250	Radian Asset Assurance, Inc	11000	Sentinel Ins Co, Ltd	25534	TIG Ins Co
33790	Radian Guaranty, Inc	24988	Sentry Ins, A Mutual Co	25542	TIG Ins Co Of Michigan
38512	Rampart Ins Co	68810	Sentry Life Ins Co	25518	TIG Premier Ins Co
24384	Ranger Ins Co	21180	Sentry Select Ins Co	13242	Titan Indemnity Co
65765	Reassure America Life Ins Co	56936	Serb National Federation	36269	Titan Ins Co
24449	Regent Ins Co	36560	Service Ins Co	50245	Title Ins Co Of Amer
68357	Reliable Life Ins Co	80586	Servus Life Ins Co	50504	Title Ins Co Of OR
68381	Reliance Standard Life Ins Co	26557	Shelter Reins Co	42439	Toa Rein Co Of Amer (The)
61360	Reliastar Bankers Sec Life Ins Co OF NY	68845	Shenandoah Life Ins Co	12904	Tokio Marine And Fire Ins Co, Ltd
67105	Reliastar Life Ins Co	35408	Sirius America Ins Co	37621	Toyota Motor Ins Co
31275	Repub mort. Ins.Co. of NC	57193	Slovak Catholic Sokol	41238	Trans Pacific Ins Co
22179	Republic Indemnity Co Of Amer	57207	Slovak Gymnastic Union Sokol Of The US	69566	Trans World Assurance Co
43753	Republic Indemnity Co Of CA	57673	Slovene National Benefit Society	69507	Transamer Life Ins And Annuity Co
28452	Republic Mortgage Ins Co	38997	Sompo Japan Fire & Marine Ins Co	67121	Transamer Occidental Life Ins Co
32174	Republic Mortgage Ins. Co. of FL	11126	Sompo Japan Ins Co Of Amer	80829	Transamerica Assurance Co
31089	Republic Western Ins Co	57142	Sons Of Norway	70688	Transamerica Financial Life Ins Co
12475	Republic-Franklin Ins Co	37141	Southern General Ins Co	86231	Transamerica Life Ins co
10287	Residential Guaranty Co	30457	Southern Michigan Ins Co	19453	Transatlantic Reins Co
61506	Resource Life Ins Co	10190	Southern-Owners Ins Co	20486	Transcontinental Ins Co
93572	RGA Reins Co	68950	Southland Life Ins Co	28886	Transguard Ins Co Of Amer
28860	RLI Indem. Co.	24767	St. Paul Fire And Marine Ins Co	50012	Transnation Title Ins Co
13056	RLI Ins Co	24775	St. Paul Guardian Ins Co	20494	Transportation Ins Co
24678	Royal Indemnity Co	41750	St. Paul Medical Liability Ins Co	31194	Travelers Cas and Surety Co Of Amer
26980	Royal Ins Co Of Amer	24791	St. Paul Mercury Ins Co	19038	Travelers Casualty and Surety Co
57657	Royal Neighbors Of Amer	19224	St. Paul Protective Ins Co	19046	Travelers Casualty and Surety Co Of IL
60183	S.USA Life Ins Co, Inc	19070	Standard Fire Ins Co	36170	Travelers Casualty Co Of CT
24740	Safeco Ins Co Of Amer	42986	Standard Guaranty Ins Co	40282	Travelers Commercial Casualty Co
39012	Safeco Ins Co Of IL	69019	Standard Ins Co	36137	Travelers Commerical Ins Co
68608	Safeco Life Ins Co	86355	Standard Life And Accident Ins Co	25658	Travelers Indemnity Co
90581	Safeco National Life Ins Co	69051	Standard Life Ins Co Of IN	25666	Travelers Indemnity Co Of Amer
24694	Safeguard Ins Co	69078	Standard Security Life Ins Co Of NY	25682	Travelers Indemnity Co Of CT
11123	Safety First Ins Co	18023	Star Ins Co	25674	Travelers Indemnity Co Of IL
15105	Safety National Casualty Corp	40045	Starnet Insurance Co	39357	Travelers Ins Co (Accident Dept)
93246	Sage Life Assurance Of America, Inc	25127	State Auto Prop & Cas Ins Co	87726	Travelers Ins Co (Life Department)
21911	San Francisco Reins Co	25135	State Automobile Mutual Ins Co	80950	Travelers Life And Annuity Co
30430	Sanilac Mutual Ins Co	94498	State Farm Annuity And Life Ins Co	36145	Travelers Personal Security Ins Co
* 16551	Savers Prop & Cas Ins Co	25143	State Farm Fire And Casualty Co	36161	Travelers Property Casualty Ins Co
60176	SBLI USA Mutual Life Ins Co, Inc	25151	State Farm General Ins Co	56006	Travelers Protective Assoc Of Amer
68446	SCOR LIFE INS CO	69108	State Farm Life Ins Co	34894	Trenwick Amer Reins Corp
64688	SCOR Life US RE Ins Co	25178	State Farm Mutual Automobile Ins Co	24350	Triad Guaranty Ins Corp
30058	SCOR Reins Co	69116	State Life Ins Co	71768	Trigon Health and Life Ins Co
* 87572	Scottish RE (US), Inc	12831	State National Ins Co, Inc	19887	Trinity Universal Ins Co
15580	Scottsdale Indemnity Co	22608	State Nat'l Specialty Ins Co	31003	Tri-State Ins Co Of MN
* 10352	SCPIE Indemnity Company	77399	Sterling Life Ins Co	21709	Truck Ins Exchange
20354	Sea Ins Co Of Amer	50121	Stewart Title Guaranty Co	27120	Trumbull Ins Co
22535	Seaboard Surety Co	10952	Stonebridge Casualty Ins Co	61425	Trustmark Ins Co
69914	Sears Life Ins Co	65021	Stonebridge Life Ins Co	62863	Trustmark Life Ins Co
25763	Seaton Ins Co	22276	Stonewall Ins Co	* 37982	Tudor Ins Co
37923	Seaworthy Ins. Co.	10340	Stonington Ins Co	29459	Twin City Fire Ins Co
22543	Secura Ins, A Mutual Co	40436	Stratford Ins Co	67423	UBS Painewebber Life Ins Co
10239	SECURA Supreme Ins Co	39187	Suecia Ins co	57215	Ukrainian National Assoc
93742	Securian Life Ins Co	80802	Sun Life Assurance Co Of Canada	37893	ULICO Casualty Co
68675	Security Benefit Life Ins Co	79065	Sun Life Assurance Co of Canada (US)	41050	Underwriter For the Professions Ins Co
92525	Security Continental Ins Co	69256	Sunamerica Life Ins Co	22314	Underwriters Rein Co
68764	Security Financial Life Ins Co	69272	Sunset Life Ins Co Of Amer	80314	Unicare Life & Health Ins Co
24902	Security Ins Co Of Hartford	69310	Surety Life Ins Co	11121	Unified Life Ins Co
68721	Security Life Ins Co Of Amer	82627	Swiss RE Life & Health Amer Inc	91529	Unimerica Ins Co
68713	Security Life Of Denver Ins Co	25364	Swiss Reins Amer Corp	69701	Union Bankers Ins Co

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NAIC #	Company Name	NAIC #	Company Name	NAIC #	Company Name
80837	Union Central Life Ins Co	10815	Verlan Fire Ins Co		
62596	Union Fidelity Life Ins Co	11762	Vesta Fire Ins Corp		
69744	Union Labor Life Ins Co	42668	Vesta Ins Corp		
98884	Union Security Life Ins Co	81027	Veterans Life Ins Co		
* 10292	UnionAmerica Ins Co Ltd	20397	Vigilant Ins Co		
36048	Unione Italiana Reins Co Of Amer	40827	Virginia Surety Co., Inc.		
92916	United Amer Ins Co	39616	Vision Service Plan Ins Co		
11142	United Casualty Ins Co Of Amer	84549	Vista Life Ins Co		
85766	United Concordia Ins Co	66699	Voyager Life Ins Co		
91693	United Family Life Ins Co	26085	Warner Ins Co		
11770	United Financial Casualty Co	32778	Washington International Ins Co		
13021	United Fire & Casualty Co	70319	Washington National Ins Co		
26999	United Guaranty Commercial Ins Co	26069	Wausau Business Ins Co		
15873	United Guaranty Residential Ins Co	26042	Wausau Underwriters Ins Co		
16667	United Guaranty Residential Ins Of NC	25011	Wesco Ins Co		
79413	United Healthcare Ins Co	44393	West Amer Ins Co		
83500	United Heartland Life Ins Co	15350	West Bend Mutual Ins Co		
69922	United Home Life Ins Co	70335	West Coast Life Ins Co		
69930	United Ins Co Of Amer	21121	Westchester Fire Ins Co		
94099	United Investors Life Ins Co	70483	Western And Southern Life Ins Co		
69876	United Life & Annuity Ins Co	30830	Western Diversified Casualty Ins Co		
69973	United Life Ins Co	58017	Western Fraternal Life Assoc		
56979	United Lutheran Society	91413	Western Reserve Life Assurance Co Of OH		
* 13064	United National Ins Co	13188	Western Surety Co		
41335	United National Specialty Ins Co	* 13196	Western World Ins Co		
11445	United Nat'l Cas. Ins. Co.	92622	Western-Southern Life Assurance Co		
69868	United Of Omaha Life Ins Co	24112	Westfield Ins Co		
21776	United Security Ins Co	24120	Westfield National Ins Co		
25941	United Services Automobile Assoc	34207	Westport Ins Corp		
63479	United Teacher Associates Ins Co	78301	Westward Life Ins Co		
29157	United Wisconsin Ins Co	57010	William Penn Assoc		
97179	United Wisconsin Life Ins Co	25780	Williamsburg National Ins Co		
72850	United World Life Ins Co	15407	Wolverine Mutual Ins Co		
16063	Unitrin Auto & Home Ins Co	56170	Woman's Life Ins Soc		
10226	Unitrin Direct Ins Co	57320	Woodmen Of The World Life Ins Society		
25909	Unitrin Preferred Ins Co	57290	Workmen's Benefit Fund Of The USA		
70114	Unity Mutual Life Ins Co	58084	Workmen's Circle		
40843	Unival Underwriters Of TX Ins Co	70629	World Ins Co		
42862	Universal Cas. Co.	26050	Worldwide Ins Co		
25933	Universal Surety Co	20311	XL Capital Assurance Inc		
13200	Universal Surety Of Amer	24554	XL Ins America, Inc		
41181	Universal Underwriters Ins Co	40193	XL Ins Co Of New York, Inc		
70173	Universal Underwriters Life Ins Co	88080	XL Life Ins & Annuity Co		
62235	UNUM Life Ins Co Of Amer	20583	XL Reins Amer Inc		
25887	US Fidelity & Guaranty Co	37885	XL Specialty Ins Co		
84530	US Financial Life Ins Co	26220	Yosemite Ins Co		
21113	US Fire Ins Co	71323	Zale Life Ins Co		
97772	US Health and Life Ins Co	13269	Zenith Ins Co		
56456	US Letter Carriers Mutual Benefit Assoc	27855	Zurich Amer Ins Co Of IL		
25895	US Liability Ins Co	16535	Zurich American Ins Co		
70106	US Life Ins Co In The City Of NY	70661	Zurich Life Ins Co of America		
29599	US Specialty Ins Co				
70955	USA Life One Ins Co Of IN				
25968	USAA Casualty Ins Co				
18600	USAA General Indemnity Co				
69663	USAA Life Ins Co				
94358	Usable Life				
10620	USF&G Ins Co Of MS				
61247	USG Annuity & Life Co				
25976	Utica Mutual Ins Co				
63738	Utica National Life Ins Co				
26611	Valiant Ins Co				
20508	Valley Forge Ins Co				
70211	Valley Forge Life Ins Co				
21172	Vanliner Ins Co				
68632	Vantis Life Ins Co				
70238	Variable Annuity Life Ins Co				
18759	Verex Assurance				

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